



RAINFORD
SIXTH FORM

STUDENT LEAVE OF ABSENCE FORM
(for reasons other than holidays)

Student's Name: _____
(BLOCK CAPITALS)

Form: _____

Address:	
Reason for Proposed Absence:	
Dates of Proposed Absence:	
Total Number of School days to be missed:	
Parent's Signature:	
Date:	

**LEAVE OF ABSENCE REPLY SLIP TO BE RETURNED
TO THE STUDENT**

Student's Name: _____ **Form:** _____

Signature of Learning Manager: _____

Dates of Absence: _____

Approved/Not Approved: _____