



Application for Learner Leave of Absence

Part 1: To be completed by the learner & Parent

Learner Name.....

Date(s) of Absence From To.....
(First day of absence) (Last day of absence)

Reasons for Absence (please tick applicable reason):

Holiday Medical/Dental Appointment Illness Other (please give your reasons)

.....
.....
.....
.....

Learner signature: Parent signature.....

Please now return this form for the attention of the Pathways Teacher, Midstream

Part 2: For Midstream use only

In the event of ANY learner being absent with no reason, Pathways Learning Support Assistants are requested to make contact with the learner’s parents or request contact is made by the Training & Operations Manager on the first day of absence.

Parent contacted by..... (LSA)

Reason given for non attendance.....

Date: Time: Signature.....

Part 3: For Midstream use only

Absence is / is not authorised (*please delete as applicable*).

Signature.....

Pathways Teacher / Training & Operations Manager

Part 4: Midstream use only

Transport (M-E.B) Informed: