



## 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)

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

Learner signature: ..... Parent signature.....

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

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### **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.....

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### **Part 3: For Midstream use only**

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

Signature.....

Pathways Teacher / Training & Operations Manager

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### **Part 4: Midstream use only**

**Transport (K.F) Informed:** .....