



## NOTIFICATION DATE

Date Stamp:

(Form received on)

# CLIENT APPLICATION FOR LEAVE OF ABSENCE

**Client Name:** .....

**Date(s) of Absence:** **FROM.....** **TO.....**  
**(First day of absence)** **(Last day of absence)**

**Reason for Absence (please tick applicable reason):**

**Doctor**  **Dentist**  **Holiday**  **Hospital**  **Sick**

**Other (please give your reason): .....**

**Client Signature.....**

**Parent/Carer Signature.....**

Date.....

*Now please return this form to the general office at Midstream*

*For office use only*

Transport notified ..... Instructor/1:1 notified .....

Absence record form noted .....

## Registers noted .....