

**SIXTH FORM LEAVE OF ABSENCE
FORM (LOAF)**



Part One

Complete both sections and see the subject staff who will be affected by your absence before taking the form to be signed by Mr Howell (Director of Sixth Form) or Mrs Powell/Mr Stuart (Assistant Director of Sixth Form).

The completed form must be returned to Mr Mitchell (Sixth Form Supervisor).

Name: Form:

Date(s) of requested absence:

Sessions missed (please tick), please indicate study periods:

Mentor/ Assembly	1	Break	2	3	Lunch	4	5	ALL DAY

Reasons for absence:

Absence during school hours requires written confirmation of appointments.

Signature of Parent/Guardian:

Signature of Form Tutor:

Signature of Director of Sixth Form:

Supporting evidence provided (state):

Part Two

This student wishes to miss school on the above date for the reasons stated. If you are prepared to allow him/her to miss your lesson please indicate by signing next to your name. Please write a comment if you are unwilling to sign the form for any reason.

Student to fill in names of staff affected Staff Name	Signature	Comment