



HAILSHAM COMMUNITY COLLEGE ACADEMY TRUST

'Be the very best you can be'

WITHDRAWAL FROM LEARNING FORM

Please complete and return this form to Student Services at least 14 days before the requested period of absence.

Student name:		Mentor:	
First date of absence:		Last date of absence:	
Total number of days requested:			
Reason for absence:			

- I understand that if the absence request is unauthorised the Education Behaviour and Attendance Service (ESBAS) will be notified of the absence taken and a Penalty Notice will be issued.
- I understand that a Penalty is issued to each parent for each child taken out of college and that this is a fine of £60 which increases to £120 if not paid within the first 28 days but within 42 days of receipt of the Notice.
- I understand that failure to pay may result in legal action.

Name of Parent/Carer making the application.....

Signed:..... Date:.....

Name of other sibling/s e.g. sister, step-brother, etc.	Name of School

Absence Request Reply Slip

Student Name:Mentor:

<input type="checkbox"/>	AUTHORISED for the following dates:	
<input type="checkbox"/>	UNAUTHORISED for the following dates: This will incur a Penalty Notice being issued.	
<input type="checkbox"/>	UNAUTHORISED for the following dates: No Penalty Notice will be issued.	

..... Mr P Matthews, Principal