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** ....