

**Follow up on Non Attendance  
for current enrollments** →

WITHDRAWAL  
YES / NO

STUDENT NAME	_____
CLASS:	_____
TIME AND DAY:	_____
TEACHER:	_____
Students last attendance date for this class?	_____
Is the student still attending other classes at the centre?	YES / NO
Has the student given notice of non attendance for this class?	YES / NO
If yes – what were the reasons given:	_____ _____
If no – what follow up has occurred:	_____
Follow up from teacher	Teachers name: _____ Date: _____
Follow up from admin	Teachers name: _____ Date: _____
Further comments:	_____ _____
<b>OUTCOME OF FOLLOW UP:</b>	_____
Student has WITHDRAWN from this class	_____
Student will resume classes on	_____ (date)
<b>Is there a need for further follow up?</b> YES / NO	_____
If so, when	_____ (date) by _____ (name)

**Olympic Adult Education**

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**Olympic Adult Education**

**Do you have any disability or medical condition you would like us to be aware of?**

- If YES, circle any applicable disabilities
- |    |                             |
|----|-----------------------------|
| 01 | <i>Visual / Sightseeing</i> |
| 02 | <i>Hearing</i>              |
| 03 | <i>Physical</i>             |
| 04 | <i>Intellectual</i>         |
| 05 | <i>Chronic Illness</i>      |
| 06 | <i>Other</i>                |

**Please provide us with any information relating to your disability/medical condition you feel may be relevant to your participation in Olympic Adult Education classes.**

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**Tutor to complete the following section:**

**CLASS:** \_\_\_\_\_

**DAY & TIME:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_

**TERM:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

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**DAY & TIME:** \_\_\_\_\_

**TEACHER:** \_\_\_\_\_

**TERM:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_