

LIPA
SIXTH FORM
COLLEGE

Record of Fixed Term Exclusion

Part 1 – Student Details

Title: Mr, Miss, Mrs, Mx	Surname:	Forename(s)
Address:		
Telephone number:	Programme Area:	
Course Title:	Date of Birth:	

Part 2 – Details

Fixed Term Exclusion Issued by:	Date:
Staff Signature:	
Student Signature:	

Letter Attached: