ILLNESS, ACCIDENT OR MISADVENTURE APPLICATION

Submit this form to the Head Teacher of the subject concerned.

NAME: ____________________________________________

SUBJECT: ____________________________________________

ASSESSMENT TASK/S AFFECTED: ____________________________

DATE OF ASSESSMENT TASK: ____________________________

Describe the nature of the illness/misadventure:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Describe how it has affected the task/s listed above (Missed tasks or how performance was affected):

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

DOCUMENTATION ATTACHED: ____________________________

STUDENT SIGNATURE__________________________ DATE__________

PARENT SIGNATURE__________________________ DATE__________

Committee Decision: ____________________________

Signed__________________________ Date__________
Illness, Accident, Misadventure or Special Circumstances

Tick ✓

☐ You have filled out the form in full

☐ You have a medical certificate attached if appropriate

☐ You have attached other verification to support your application, if it is not an illness.

☐ You are submitting this application to the Head Teacher of each subject in person.

WITHIN TWENTY-FOUR HOURS OF RETURN TO SCHOOL