ILLNESS, ACCIDENT OR MISADVENTURE APPLICATION 2012/2013

(This form to be photocopied whenever an application is to be submitted. A copy is also available from the Deputy Principal and the School website)

STUDENT'S NAME: ____________________________________________________________

SUBJECT: _________________________________________________________________

TEACHER'S NAME ______________________ CLASS __________________________

NATURE OF ASSESSMENT: __________________________________________________

(State whether Examination, Topic or Unit Test, Assignment, Research Activity, Practical Exercise, Practical Test, Field Work, Other.)

DATE TASK DUE _______________ DATE THE TASK WILL BE COMPLETED __________

NATURE OF ABSENCE: ____________________________________________________

(State sufficient details to support your case for consideration to sit for task or substitute task or to gain an extension.)

________________________________________________________________________

MEDICAL CERTIFICATE FROM: __________________________ (Name of Doctor)

OR NATURE OF OTHER VERIFICATION (e.g. funeral notice from newspaper, etc.)

________________________________________________________________________

STUDENT’S SIGNATURE ___________________________________ DATE: ____________

TO BE COMPLETED BY HEAD TEACHER

If the student has a valid reason for this misadventure application, did she:
- phone the school on or before the date of the task and provide full details according to the illness/misadventure checklist. YES/NO
- on the first day of return did she report to the head teacher immediately and provide the misadventure form and make necessary arrangements. YES/NO

HEAD TEACHER COMMENT: ________________________________________________

________________________________________________________________________

HEAD TEACHER'S SIGNATURE ______________________ DATE: ________________

PRINCIPAL’S RECOMMENDATION: __________________________________________

________________________________________________________________________

PRINCIPAL’S SIGNATURE ______________________ DATE: ____________________