

**Illness / Misadventure Form**

**Student's Name:** \_\_\_\_\_ **Homeroom:** \_\_\_\_\_

**Course:** \_\_\_\_\_ **Class Teacher:** \_\_\_\_\_

**Assessment Task Date:** \_\_\_\_\_

- Type of Task** (*tick one*)
- Examination
  - In class task
  - Hand in task

**Outline the circumstances of your illness/misadventure.**

.....

.....

Do you have a **Doctor's Certificate** to support your case? If YES, attach it to the back of this form.

Do you have any other documentary evidence to support your case? YES / NO (circle one)

If YES, list below the nature of the evidence and attach it to the back of this form.

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**Declaration**

I/We declare that the above information is a true and accurate account of the circumstances surrounding the non-completion on/by the due date of the assessment task stated. (Please print Name if completing electronically.)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LOL RECOMMENDATION:**

\_\_\_\_\_

\_\_\_\_\_

**College Use Only**

Appeal: Upheld / Rejected Assistant Principal Signature: \_\_\_\_\_

- A copy of this form has been placed in the student's Homeroom Box
- A copy of this form has been given to the classroom teacher and the Leader of Learning