

Illness / Misadventure Form

Student's Name:			Homeroom:	
			Class Teacher:	
Assessment Task Date:				
Type of Task (tick one) □ Examination		□ Examination		
		□ In class task		
		□ Hand in task		
		ces of your illness/mis	sadventure.	
			our case? If YES, attach it to the back of this form.	
Do you ha	ve any other do	ocumentary evidence to	support your case? YES / NO (circle one)	
If YES, list	below the natu	are of the evidence and	attach it to the back of this form.	
Declaration	was away priowas away on was unable to on rethat the abo	complete the task to	my best ability and accurate account of the circumstances surrounding the	
Student's Signature:			Date:	
Parent's Signature:			Date:	
LOL REC	OMMENDATIO			
College U	se Only			
Appeal: U	pheld / Rejecte	ed Director of Curriculur	m Signature:	
	A copy of this form has been given to the student A copy of this form has been given to the classroom teacher and the Leader of Learning			