CRONULLA HIGH SCHOOL ILLNESS OR MISADVENTURE CLAIM FORM YEARS 7 - 10



Parent's name:	Student's Name:					
Due date of task: /	Parent's name:					
State what outcome you hope to achieve by submitting this claim: Parent or Guardian's Signature: Date: / / / Date: / / / / Date: / / / / Date: / / / / / Date: / / / / / / Date: / / / / / / Date: / / / / / / / Date: / / / / / / / / Date: / / / / / / / / Date: / / / / / / / / / / Date: / / / / / / / / / / / Date: / / / / / / / / / / / / Date: /	Exam or Assessm	nent task affected:				
Type of claim				Due date	of task:	1
Describe your reasons for submitting this claim: (Any supporting evidence, such as a doctor's certificate, a letter from a parent or Certificate of exemption, should be attached. This substantiates that you were prevented from satisfying assessmen requirements due to an illness or unforeseeable misadventure) (State what outcome you hope to achieve by submitting this claim: (Parent or Guardian's Signature:	Subject:		Class Teacher's name:			
Any supporting evidence, such as a doctor's certificate, a letter from a parent or Certificate of exemption, should be attached. This substantiates that you were prevented from satisfying assessmen requirements due to an illness or unforeseeable misadventure) State what outcome you hope to achieve by submitting this claim: Parent or Guardian's Signature:	Type of claim	☐ Illness	☐ Misadventure		☐ Appr	oved leave
Parent or Guardian's Signature:	(Any supporting Exemption, should	evidence, such as a doo ld be attached. This substa	ctor's certificate, a l antiates that you wer	re prevente	•	
Parent or Guardian's Signature:						
This claim form, along with any supporting evidence, should be submitted to the Head Teacher of the subject area concerned. This claim form should be submitted within three school days after the examination or assessment task in question has occurred. (It is to be submitted before the task is due in the case of a known absence) Failure to comply with these instructions may result in a zero assessment being recorded. Office use only – to be completed by Head Teacher Day & Date claim received by Head Teacher: Mo Tu We Th Fr						
This claim form, along with any supporting evidence, should be submitted to the Head Teacher of the subject area concerned. This claim form should be submitted within three school days after the examination or assessment task in question has occurred. (It is to be submitted before the task is due in the case of a known absence) Failure to comply with these instructions may result in a zero assessment being recorded. Office use only – to be completed by Head Teacher Day & Date claim received by Head Teacher: Mo Tu We Th Fr		-		•••••	Date.	
Day & Date claim received by Head Teacher: Mo Tu We Th Fr	 This claim form subject area co This claim form in question has 	, along with any supporting ncerned. should be submitted withi occurred. (It is to be submi	n three school days tted before the task is	after the ex	amination ase of a l	n or assessment task known absence)
Head Teacher's name:		Office use only	- to be completed by He	ead Teacher		
☐ Accepted ☐ Not accepted	Day & Date claim	received by Head Teach	er: Mo Tu	We Th	Fr	
	Head Teacher's r	name:	Signature:			
f not accepted, please provide an explanation and return a photocopy to the student:		☐ Accepted	☐ No:	t accepted		
	If not accepted, p	olease provide an explanat	ion and return a pho	otocopy to	the stud	ent: