



Attach any supporting evidence here with a staple or a pin.



CRONULLA HIGH SCHOOL

ILLNESS OR MISADVENTURE CLAIM FORM

YEARS 7 - 10

Student's Name: Year: Roll Class:

Parent's name: Daytime parent contact number:

Exam or Assessment task affected:

..... Due date of task: / /

Subject: Class Teacher's name:

Type of claim ☐ Illness ☐ Misadventure ☐ Approved leave

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 assessment requirements due to an illness or unforeseeable misadventure)

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State what outcome you hope to achieve by submitting this claim:

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Parent or Guardian's Signature: Date: / /

INSTRUCTIONS:

- 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 / /

Head Teacher's name: Signature:

☐ Accepted ☐ Not accepted

If not accepted, please provide an explanation and return a photocopy to the student:

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