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

CRONULLA HIGH SCHOOL

ILLNESS OR MISADVENTURE CLAIM FORM
YEARS 7 - 11

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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Forms are available from school reception or school website.