

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

THE JANNALI HIGH SCHOOL
ILLNESS OR MISADVENTURE CLAIM FORM

Student's name: Year: Roll class:

Parent's name: Daytime contact phone no:

Exam or assessment task affected:

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

Subject: Class teacher's name:

Type of claim: (please tick ✓) Illness Misadventure

Describe your reasons for submitting this claim (describe the illness or misadventure).
(Any supporting evidence, such as a doctor's certificate or a letter from a parent, should be attached to the top left corner of this form.)

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

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INSTRUCTIONS: (please read the following instructions carefully)

- This claim form, along with any supporting evidence, such as a doctor's certificate etc, should be submitted to the Head Teacher of the subject area concerned.
- This claim form should be submitted as soon as possible after the examination or assessment task in question has occurred (it may also be submitted before the task is due).
- Failure to comply with these instructions may result in a zero assessment being recorded.

ON YOUR FIRST DAY BACK TO SCHOOL

Day and date claim received by Head Teacher: M T W T F / /

Outcome: Has the application been approved? YES NO (circle one)

Action: 'When, where and how will the task be completed'

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Head Teacher's name: Signature:

Return completed form to the Deputy Principal within 2 days of date of issue