

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

THE JANNALIHIGH SCHOOL ILLNESS OR MISADVENTURE CLAIM FORM

Student's name: Year: Roll class:

Parent's name: Daytime parent 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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Parent's/Caregiver's signature: Date:/...../.....

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.

Office use only

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

Head Teacher's name: Signature:

This claim form should be filed in the student's master file attached to a brief note describing the outcome of the claim.