

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

## CRONULLA HIGH SCHOOL ILLNESS OR MISADVENTURE CLAIM FORM

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

Describe your reasons for submitting this claim:  
(Any supporting evidence, such as a doctor's certificate or a letter from a parent, should be attached. This substantiates that you were prevented from satisfying assessment requirements due to an illness or unforeseeable misadventure)

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

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

Parent or Guardian's Signature: ..... Date: ...../...../.....

**INSTRUCTIONS:**

- This claim form, along with any supporting evidence, such as a doctor's certificate, 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**

Day & Date claim received by Head Teacher:            Mo   Tu   We   Th   Fr   ...../...../.....

Head Teacher's name: ..... Signature: .....