



ILLNESS OR MISADVENTURE FORM

Granville South Creative and Performing Arts High School

Student's Name: _____ Year: _____ Roll Class: _____

Parent/Guardian's Name: _____ Contact Number: _____

Examination or Assessment Task affected: _____

Task Due Date: ____ / ____ / ____

Subject: _____ Classroom 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 letter from a parent should be attached. This substantiates that you were prevented from satisfying assessment requirements due to an illness or unforeseen misadventure. Please note all information provided will be kept confidential)

Student Signature: _____ Date: ____ / ____ / ____

Parent/Guardian's Signature: _____ Date: ____ / ____ / ____

INSTRUCTIONS:

- This form, along with any supporting evidence, should be submitted to the Classroom Teacher of the subject area concerned.
- This form should be submitted within **10** school days after the examination or assessment task in question has occurred.
- Failure to comply with these instructions may result in a zero assessment result being recorded.

Classroom Teacher Signature: _____ Date: ____ / ____ / ____

Result of Claim: Approved Declined

Reason for Decline: *(If Applicable)*

Revised Due Date of Assessment Task: ____ / ____ / ____

Head Teacher Signature: _____ Date: ____ / ____ / ____

Classroom Teacher signature _____ Date: ____ / ____ / ____

Student signature _____ Date: ____ / ____ / ____

Copy to: Student, Parent/Guardian, Student File