

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

**PORT HACKING HIGH SCHOOL  
ILLNESS OR MISADVENTURE CLAIM FORM**

Students Name: \_\_\_\_\_ Year: \_\_\_\_\_ Roll Class: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Daytime parent contact phone number: \_\_\_\_\_

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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian'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 Principal.
- This claim form should be submitted **within 3 school days after return to school** when an assessment task has been missed. (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 & Date claim received by Principal: Mo Tu We Th Fr \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal's Decision: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_