

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

PORT HACKING HIGH SCHOOL

ILLNESS OR MISADVENTURE CLAIM FORM – YEARS 10-12

Student's Name: _____ Year: _____

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 supporting evidence of misadventure should be attached to 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, should be submitted to the Deputy Principal.
- This claim form should be submitted **within 3 school days after return to school** when an assessment task has been missed. (This form 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 Deputy Principal: Mo Tu We Th Fr ____/____/____

Deputy Principal's Decision: _____

Deputy Principal's Signature: _____