

# Appendix 4

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## ST CLARE'S CATHOLIC HIGH SCHOOL ILLNESS/MISADVENTURE APPLICATION FORM (IMF)

Student's Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Name of Course: \_\_\_\_\_ Class Teacher: \_\_\_\_\_

Assessment Task date & time due: \_\_\_\_\_ Date of student return to school \_\_\_\_\_  
(as per Assessment Handbook)

Time & Date Task actually submitted or done: \_\_\_\_\_

Type of Task (tick at least one)

In School Assessment  School Performance  In-school Task  At home task

Outline the circumstances of your case

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

To support your appeal have you attached (tick appropriate box):

Doctor's Certificate  Bereavement Notice  other supporting documentation   
(a note from a parent is not sufficient)

### DECLARATION

I declare that the above information is a true and accurate account of the circumstances surrounding the non-completion on/by the due date of the assessment task stated.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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### *School Use Only*

Recommendation course teacher                      Accept/Reject                      Signature \_\_\_\_\_

Recommendation KLA Leader of Learning                      Accept/Reject                      Signature \_\_\_\_\_

Recommendation Head of Learning                      Accept/Reject                      Signature \_\_\_\_\_

Head of Learning inclusion in letter: \_\_\_\_\_