

Appendix 4



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: _____

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: _____