



ST JOSEPH'S CATHOLIC HIGH SCHOOL

Illness / Misadventure Form – YEARS 11&12

This form is to be completed the day an Assessment Task has been missed and handed to the Curriculum Office on your next day of attendance. Medical (or other if requested) documentation is to be attached.

Student's Name: Year

Teacher's Name:

Subject:

Due date of Task: Weighting:

Type of Assessment (eg: Exam, in class task):

Was any staff member approached before due date? ☐ Yes ☐ No

Please provide details:

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Medical Certificate attached: ☐ Yes ☐ No

Other written evidence attached: ☐ Yes ☐ No

Student's Signature:

Parent's Signature:

(To be completed by the Curriculum Coordinator)

Action Taken:

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Curriculum Coordinator's Signature:

Email sent to KLA Coordinator ☐ Date: