

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

Lucas Heights Community School ILLNESS OR MISADVENTURE CLAIM FORM

Student's name: Year: Roll class:

Parent's name: Daytime parent contact phone no:

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.)

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

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Parent's/Caregiver's signature: Date:/...../.....

INSTRUCTIONS: (please read the following instructions carefully)

1. This claim form, along with any supporting evidence, such as a doctor's certificate etc, should be submitted to the Head Teacher of the subject area concerned.
2. This claim form should be submitted as soon as possible after the examination or assessment task in question has occurred (it may also be submitted before the task is due).
3. Failure to comply with these instructions may result in a zero assessment being recorded.

Office use only

Day and date claim received by Head Teacher: M T W T F /...../.....

Head Teacher's name: Signature:

This claim form should be filed in the student's master file. Claim Upheld Claim Denied