

## St Agnes Catholic High School Illness/Misadventure Form



For appeals based on illness, this section will normally be completed by a doctor or other health professional. In the case of misadventure, it may be completed by another person, e.g. a counsellor. **This person should not be related to the student.**

Student Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Course: \_\_\_\_\_

Class Teacher: \_\_\_\_\_

Task Name: \_\_\_\_\_

Due Date: \_\_\_\_\_ Actual Submission Date: \_\_\_\_\_

Outline below the circumstances of your case.

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*To support this appeal, you have attached (tick the appropriate box)*

- A medical certificate
- A bereavement notice
- Other supporting documentation (A parent note is not sufficient)

I declare the above information to be true and accurate

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

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### **School Use Only**

We have noted the above appeal and have decided to:

- Accept the appeal
- Reject the appeal

Class Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Leader of Learning: \_\_\_\_\_

Date: \_\_\_\_\_