



## ILLNESS MISADVENTURE FORM

DATE  
RECEIVED:

Signature: \_\_\_\_\_

This form is to be completed by the student in cases of late submission or non-completion of tasks

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

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

**Teacher:** \_\_\_\_\_

**Task No.:** \_\_\_\_\_

**Task Due Date:** \_\_\_\_\_

**Form Due Date(1 week later):** \_\_\_\_\_

**Task Nature:**

<input type="checkbox"/> in class	<input type="checkbox"/> oral
<input type="checkbox"/> hand in	<input type="checkbox"/> examination
<input type="checkbox"/> practical	

**Reasons for Absence/Non Submission:**

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

**Supporting Evidence:**  Medical Certificate  
 Letter of Explanation

*I declare that all the information supplied is true.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Carer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Studies Coordinator Recommendation:**

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**Signed:** \_\_\_\_\_

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

**Subject Teacher's Recommendation (if applicable)**

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**Signed:** \_\_\_\_\_

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