



**ST ANDREW'S
CATHEDRAL
SCHOOL**
FOUNDED 1885

ILLNESS AND MISADVENTURE APPEAL

Illness / Misadventure before or during an Assessment Task

Complete the following details and submit this form to the Supervising Teacher or Mrs Roe (Assistant to the Directors of Learning, Level 3 BBC) on the day you return to school. Please attach any additional documentation eg Medical Certificate.

NB: Retrospective claims will not be considered

Name: _____ **Subject:** _____

Date of Task/s: _____ **Class Teacher:** _____

Name of Task/s: _____

Date Covered on the attached Medical Certificate: _____

Specific description of the illness/misadventure and how this has adversely affected your performance (to be completed by student):

Student's Signature

Date

Supervising Teacher's Comment (Supervising teacher to record any observations if relevant after the above section has been completed by student):

Supervising Teacher's Signature

Date