



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

YEAR 10 ILLNESS AND MISADVENTURE APPEAL

Absent on day an Assessment Task is Sat / Submitted

Complete the following details and submit this form to the Director of Curriculum. 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: _____

Reason for Absence – specific details (to be completed by student):

Date Covered on the attached Medical Certificate: _____

Student's Signature

Date