



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

YEAR 10 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 the Director of Curriculum 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