

Hilliard Christian School

High School Illness/Misadventure Form

Name: Subject: Roll Group:

Name of Assessment Task:

Due Date:

SECTION A

To be completed by the student.

Outline the reasons for this application for illness/misadventure and attach any relevant documentation.

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Parent/Guardian Signature

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Student Signature

Date:

Date:

SECTION B

To be completed by the teacher.

Teacher's Name:

Receipt Date of Form:

Task Submitted/Completed: Yes / No

Date Submitted:

Date of Rescheduled Task:

Decision:

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Teacher Signature

Date:

Teacher Note: Upload to Google Drive folder titled **High School Illness/Misadventure Forms**