



**IMMACULATE CONCEPTION HIGH SCHOOL
ILLNESS / MISADVENTURE APPLICATION FORM**

This form is to be used by students at Immaculate Conception High School if an assessment or examination is missed for the following reasons suffered immediately before or during the assessment period :

- Temporary Illness
- Non-permanent Disability
- Unforeseen Event

This form must be submitted within two days of returning to school, with accompanying medical evidence. Additional documentation can be attached to the form to support the claim.

Completion and submission of this form **DOES NOT** guarantee approval. The relevant personnel are responsible for approval of any special consideration granted, based on the information contained in this application.

Where more than one assessments (maximum of two (2) were missed, students/parents are to state both in this application.

Section A

Student Name..... Homeroom

Subject (1) Subject Teacher:.....

Subject (2) Subject Teacher:.....

Assessment Period (Tick the one that applies)

- Sixth Weekly Mock Examination End of Year Examination

Date/s of Missed Assessment (dd-mm-yyyy)

Subject (1)/...../.....

Subject (2)/...../.....

Section B

Please provide a description which details the nature of your illness/misadventure, preventing you from missing an assessment/exam (**attach extended statement or documentation as necessary**)

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Documentation Attached: Yes No **Type of documentation**.....

We declare that the information contained in this application, including any/all supporting documentation, is both truthful and accurate.

Parent's Name Parent's Signature.....

Student's Name Student's Signature.....

Date..... Date

Section C - (To be completed by the Examination Coordinator)

Assessment attempted/submitted: Yes No **Resolution decision:** Accepted / Rejected

Action: Reschedule Mark as Absent Mark as Absent with Excuse Absent/Award a Zero

Date of rescheduled assessment:

Student issued rescheduled notification: Yes No

Head of Department notified: Yes No

Subject Teacher notified: Yes No

Comment:.....
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Documentation Attached: Yes No **Type of documentation**.....

(2)

Examination Coordinator Signature Date:

Original to be placed on student file; copy to: Vice Principal, Parent, Grade Coordinator, Subject Teacher