



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

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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 .....

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**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:.....  
.....  
.....  
.....

**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*