



CROMER CAMPUS

Illness, Accident and Misadventure Form for Assessment Task or Course Examination

Student Name Year

Subject Teacher

Task Due Date

Grounds for this Application

Illness Accident Misadventure Other

Please provide details

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.....
.....
.....

Tick all that apply

Medical Certificate attached from
(Name of Doctor)

Other Supporting Documentation attached to this application

Requesting new date to submit or attempt task on
(Proposed Date)

Student Signature Date

Parent Signature Date

OFFICE USE ONLY

Revised date to submit or attempt date *(if applicable)*
(Date)

Class Teacher Supportive Not Recommending
(Signature)

Head Teacher Supportive Not Recommending
(Signature)

OUTCOME OF APPLICATION

This application has been **Approved** **Declined**

Deputy Principal
(Signature) (Date)