



ST CLARE'S CATHOLIC HIGH SCHOOL
ILLNESS, MISADVENTURE and SPECIAL CONSIDERATION
FORM

Student: _____

Learning Group: _____

Course: _____

Class teacher: _____

Due date of the assessment task: ___/___/___

Term __, Week __ (as per the Assessment Notification/Assessment Schedule in Handbook)

Actual completion date of the assessment task: ___/___/___

Type of task: _____

Outline the circumstances of your case.

To support this application, you have attached (circle/highlight the appropriate dot-point):

- a medical certificate
- a bereavement notice
- other supporting documentation (**A note from your parent/carer is not sufficient.**)

DECLARATION

I declare that the above information is true and accurate.

Student's signature: _____ Date: ___/___/___

Parent's / Guardian's signature: _____



Staff Recommendation

	Approved	Late submission	Alternative task	Estimate grade	Signature/Date
Class teacher	Yes / No	Yes / No	Yes / No	Yes / No	
Leader of Learning	Yes / No	Yes / No	Yes / No	Yes / No	
Leader of Diversity (where relevant)	Yes / No	Yes / No	Yes / No	Yes / No	
Final Decision					
Assistant Principal	Yes / No	Yes / No	Yes / No	Yes / No	