



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

Student:	Learning Group:
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Course:	Class Teacher:
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Due date of the assessment task: Term   , Week    (as per the Assessment Notification/Assessment Schedule in Handbook)
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Actual completion date of the assessment task:    /    /
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Type of task:
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Outline the circumstances of your case:
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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.**)

<b>DECLARATION</b> I declare that the above information is true and accurate.	
Student's signature:	Date:    /    /
Parent's / Guardian's signature:	

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## 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	
<b>Final Decision</b>					
Head of Learning	Yes / No	Yes / No	Yes / No	Yes / No	