HAY WAR MEMORIAL HIGH SCHOOL
ILLNESS/MISADVENTURE APPLICATION

SECTION 1 To be completed by the student

NAME: ___________________________________________ YEAR: ______________________

SUBJECT: ______________________________________________________________________

DUE DATE OF ASSESSMENT TASK: _________________________

REASON FOR CONSIDERATION: __________________________________________________

________________________________________________________________________________

DO YOU HAVE A DOCTORS CERTIFICATE?  Yes ☐  No ☐

HAVE YOU ATTACHED A DOCTORS CERTIFICATE?  Yes ☐  No ☐

SIGNED: ___________________________________________ (Student)

________________________________________________________________________________

SECTION 2 To be completed by the Learning and Support Teacher

DATE RECEIVED: ___________________ TIME RECEIVED: _________________________

SIGNED: ___________________________________________ (LST)

________________________________________________________________________________

SECTION 3 To be completed by the Faculty Head Teacher in consultation with the subject teacher

DATE RECEIVED: ___________________ TIME RECEIVED: _________________________

OUTCOME: ______________________________________________________________________

________________________________________________________________________________

SIGNED: ___________________________________________ (Faculty Head Teacher)

________________________________________________________________________________

SECTION 4 To be completed and retained by the subject teacher. Subject teacher informs student of outcome.

Comment: ______________________________________________________________________

SIGNED: ___________________________________________ (Class Teacher)