This form is to be completed and submitted to the faculty Head Teacher when requesting consideration for the late completion and/or submission of a task or when a student’s performance has been impacted by illness or misadventure. It must be submitted on the day of the scheduled task or, if absent, on the day the student returns to school.

NAME OF STUDENT: ___________________________________ ROLL CLASS: ________________________

COURSE: ___________________________________ CLASS TEACHER: ________________________

NAME OF ASSESSMENT TASK: ________________________ DUE DATE: ________________________
(Attach a copy of the Task)

SECTION (A)
(TO BE COMPLETED BY THE STUDENT)

OUTLINE REASON FOR THIS APPLICATION FOR ILLNESS/MISADVENTURE AND ATTACH RELEVANT DOCUMENTATION:
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

STUDENT SIGNATURE: ______________________________________ DATE: ________________________

SECTION (B)
(TO BE COMPLETED BY HEAD TEACHER)

HEAD TEACHER: ________________________ FACULTY: ________________________ COURSE: ________________________

RECEIPT DATE OF ILLNESS/MISADVENTURE FORM: ________________________

TASK SUBMITTED/COMPLETED: ☐ YES ☐ NO DATE COMPLETED/SUBMITTED: ________________________

DATE OF RESCHEDULED TASK: ________________________

COMMENTS: __________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

DECISION BY HEAD TEACHER: __________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

HEAD TEACHER SIGNATURE: ______________________________________ DATE: ________________________

COPIES: ☐ FACULTY FILE ☐ STUDENT ☐ STUDENT FILE

NB: A STUDENT MAY APPEAL THIS DECISION IF HE/SHE CONSIDERS IT IS UNFAIR BASED ON THE ADVICE PROVIDED IN THE ASSESSMENT GUIDE. REFER TO APPEAL FOR REVIEW OF ASSESSMENT.