



Illness, Misadventure and Request for Extension

(Note: A new form is required for each subject requiring attention)

Please tick the relevant box

Illness

Misadventure

Request for extension

Section 1: To be completed by student. Form must be handed in on return to school

NAME: _____ HOMEROOM _____

SUBJECT: _____ TEACHER: _____

TASK NUMBER: _____

NATURE OF TASK: _____ DUE DATE: _____

REASON FOR ABSENCE/REQUEST _____

STUDENT'S SIGNATURE

PARENT'S SIGNATURE

Date: _____

Date: _____

Section 2: To be completed by the Studies Coordinator

ACTION TAKEN: _____

TEACHER'S SIGNATURE

STUDIES COORDINATOR'S SIGNATURE

Date: _____

Date: _____

Comment: _____

Copy to be kept on file by Studies Coordinator

Copy to Assistant Principal