

X Attach any supporting evidence here with a staple or a pin.



SEFTON HIGH SCHOOL
APPLICATION FOR ASSESSMENT CONSIDERATION
DUE TO ILLNESS

Student's Name: Year:
Parent's name:.....Daytime parent contact number:
Due date of task:...../...../.....Exam or Assessment task affected:
Subject:.....Class Teacher's name:

Describe your reasons for submitting this claim.

(Any supporting evidence should be attached that substantiates you were prevented from satisfying assessment requirements due to an illness must include a doctor's certificate).

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.....

TO BE COMPLETED BY DOCTOR TO VERIFY AWARENESS OF ASSESSMENT

_____ has informed me that he/she has
Student's Name

- an assessment task due to be handed in before 8.30 am for _____
Course
on _____
Date
- an in-class assessment in _____ on _____
Course Date
- formal assessment examinations scheduled for the period _____ to _____
Date Date

Doctor's Name

Doctor's Signature

Provider Number

Date

Parent or Guardian's Signature:..... **Date:**/...../.....

INSTRUCTIONS:

- **This claim form, along with any supporting evidence, such as a doctor's certificate, should be submitted to the Head Teacher of the subject area concerned.**
- This claim form should be submitted **the first school day the student returns to school** after the examination or assessment task in question has occurred. (It is to be submitted before the task is due in the case of a known absence)
- Failure to comply with these instructions may result in a zero assessment being recorded.

Office use only

Day & Date claim received by Head Teacher: Mo Tu We Th Fr/...../.....

Head Teacher's name: Signature:.....