



Warners Bay High School

Year 7, 8 & 9 Illness/Misadventure Form

**PART A: STUDENT SECTION** (Please return to your class teacher)

Student name: \_\_\_\_\_ Class: \_\_\_\_\_ Subject: \_\_\_\_\_

Task: \_\_\_\_\_ Due Date: \_\_\_\_\_

Reasons for failure to hand in task of due date: (Please give your reasons)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B: CLASS TEACHER SECTION**

I have noted the above request and recommend the following action:

Details: \_\_\_\_\_  
\_\_\_\_\_

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART C: HEAD TEACHER SECTION**

Based on the above, I recommend:

Details: \_\_\_\_\_  
\_\_\_\_\_

Head Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student advised of the decision:** Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Task: \_\_\_\_\_ Due Date: \_\_\_\_\_

Reasons for failure to hand in task of due date: (Please give your reasons)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART B: CLASS TEACHER SECTION**

I have noted the above request and recommend the following action:

Details: \_\_\_\_\_  
\_\_\_\_\_

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART C: HEAD TEACHER SECTION**

Based on the above, I recommend:

Details: \_\_\_\_\_  
\_\_\_\_\_

Head Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student advised of the decision:** Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_