



ST FRANCIS CATHOLIC COLLEGE

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Student Illness/Misadventure Request Form Senior Years Learning - Year 9-12

Students Full Name: _____

Pastoral Class: _____

Course: _____

Teacher: _____

Due Date: _____

(Due Date of Task / Date of Exam)

Date received: _____

(Date of Illness/Adventure Form returned to Leader of Learning)

☐ Medical Certificate Attached

☐ Other Evidence: _____

Type Of Task

- ☐ Hand-in
- ☐ Exam
- ☐ Oral/Performance
- ☐ Practical Task

This Form Is To Explain

- ☐ Illness
- ☐ Misadventure

Please outline reasons for your application:

Student Signature: _____ Parent Signature: _____

OFFICE USE ONLY

Date of Application: _____

☐ UPHELD ☐ DENIED

Leader of Learning Signature

☐ UPHELD ☐ DENIED

Year Coordinator's Signature

☐ UPHELD ☐ DENIED

Curriculum Coordinator's Signature

Action/Recommendation from Leader of Learning:

