



**COBAR HIGH SCHOOL  
ILLNESS OR MISADVENTURE APPLICATION**

Must be submitted within 2 school days of the due date or before due date  
if applying for an extension

**ILLNESS**

**MISADVENTURE**

Student Name:..... Year:.....

Subject/Course:..... Task Number:.....

Task Description:.....

Date Due:..... Due Time:.....

I wish to apply for special consideration for the following reasons:.....

.....  
.....

The following documentary evidence is attached (e.g. doctor's certificate,  
funeral notice, letter from parent or guardian, etc.).....

.....  
.....

The school was contacted by phone       Yes  No

Date of Contact:.....

Student's Signature:.....

Parent/Guardian's Signature:.....

Date:.....

<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>NOT APPROVED</b>
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**Decision/Reason**.....

.....  
.....

HEAD TEACHER'S SIGNATURE:..... DATE:.....

**A copy of the completed form must be given to the student**