

STRATHFIELD GIRLS HIGH SCHOOL



ILLNESS/MISADVENTURE/EXTENSION FORM

**THIS FORM MUST BE SUBMITTED TO THE HEAD TEACHER
IMMEDIATELY ON YOUR RETURN TO SCHOOL**

SCHOOL CONTACT NUMBERS

PHONE NUMBER - 9746-6990 / 9764-2013

FAX NUMBER - 9746-3517

STUDENT NAME:

STUDENT CLASS/ YEAR:

SUBJECT:

TEACHER:

DATE OF SUBMISSION OF THIS FORM:

TASK YOU ARE SEEKING SPECIAL CONSIDERATION FOR:

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DATE TASK IS DUE:

ARE YOU SEEKING SPECIAL CONSIDERATION FOR (TICK)

(a) ILLNESS (b) MISADVENTURE

(c) GENUINE REASON FOR EXTENSION

(Attach all necessary medical and other certificates)

PROVIDE DETAILS AND REASONS FOR YOUR REQUEST BELOW:

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STUDENT'S SIGNATURE:

PARENT'S/CAREGIVER'S SIGNATURE:

OFFICE USE ONLY

DECISION

DATE DUE SIGNATURE.....