



Illness/Misadventure/Consideration of Absence/Extension Request Form

This form must be submitted to the Head Teacher as soon as possible

Student Name: _____ Year: ____ School: _____

Course: _____ Teacher: _____

Date of submission of this form: _____

Task for which you are seeking special consideration: _____

Date task originally due: _____

Are you seeking special consideration for: (tick)

Illness/Misadventure Consideration of absence Genuine reason for extension

Provide details of and reasons for your request: *(Attach all necessary medical or other documentation)*

Student Signature: _____

Date: _____

Parent/Carer Signature: _____

Date: _____

Head Teachers Signature: _____

Date: _____

DP Approval Only

Decision: _____

New date due: _____ Signature: _____

Decision communicated to Student by: _____

Date: _____

Further information

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