



**St Mary & St Mina's Coptic Orthodox College**  
*"In Whom are hidden all the treasures of Wisdom and Knowledge" (Colossians 2:3)*

## YEAR 12 ILLNESS AND MISADVENTURE APPEAL

Complete the following details and submit this form to the Head of Secondary **before OR on the day you return to school**. Please attach any additional documentation e.g. Medical Certificate.

**NB: Retrospective claims after the date of the original task will not be considered**

Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Date of Task/s: \_\_\_\_\_ Class Teacher: \_\_\_\_\_

Name of Task/s: \_\_\_\_\_

Date/s Covered on the attached Medical Certificate: \_\_\_\_\_

Specific description of the illness/misadventure and how this has adversely affected your performance or inability to attend a task (to be completed by student):

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\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

### STAFF USE ONLY

\_\_\_\_\_  
**1. Teacher's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**2. Head of Faculty's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**3. Head of Secondary's Signature**

\_\_\_\_\_  
**Date**