



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

YEAR 7-10 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):

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