



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

YEAR 7-12 ILLNESS AND MISADVENTURE APPEAL

Complete the following details and submit this form to office **before OR on the day you return to school**. Please attach any additional documentation e.g. SMSM Medical Form with this appeal.

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

Name: _____ Yr: _____ Subject: _____

Date of Task/s: _____ Class Teacher: _____

Name of Task/s: _____

Date/s Covered on the attached SMSM Medical Form: _____

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

You must collect signatures of all people below, before submitting to the office.

1. Student's Signature _____
Date

2. Parent's Signature _____
Date

3. Head of Faculty's Signature _____
Date

OFFICE USE ONLY

I/M Form must be scanned and emailed to all stakeholders, including the Head of Secondary.

Office Admin Signature _____
Date