

STUDENT MEDICAL/MISADVENTURE CERTIFICATE

Purpose of this certificate

This form is used by students to apply for illness/misadventure in exams or other assessable work in their studies at Canterbury Girls High School. Approval of applications is granted to students who are legitimately disadvantaged in their assessment due to factors beyond their control. To enable the validity of applications to be evaluated, this form should be completed by a doctor, dentist, or other appropriate authority (e.g. police officer, solicitor)

STUDENT NAME _____

I agree to Canterbury Girls High School requesting verification of the information provided on this certificate, if required.

Student Signature _____ Contact No: _____

Parent /Guardian Signature _____ Contact No: _____

PRACTITIONER DETAILS (to be completed by the doctor, dentist or other relevant authority)

NAME _____

ADDRESS _____

PHONE _____

Stamp of practitioner or organisation

I, _____, certify that I have seen
_____ on ____/____/_____

In my opinion, the student has a medical condition or is experiencing matters which did/will affect their studies as follows:

	Tick as applicable	Provide applicable dates
Unable to attend classes		From ____/____/____ to ____/____/____
Unable to undertake private study		From ____/____/____ to ____/____/____
Unable to sit exams		From ____/____/____ to ____/____/____

Additional Comments: _____

Signature of practitioner _____ Date _____



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