



# LACHLAN ACCESS PROGRAM

Condobolin | Lake Cargelligo | Tullibigeal | Ungarie

## Application for Illness/Misadventure/Extension

STUDENT NAME:		YEAR:
SUBJECT:		SCHOOL:
TASK:		
DATE OF APPLICATION:		DUE DATE:
COORDINATING TEACHER:		
COOPERATING TEACHER:		

Applying for (Please Circle)

**Illness/Misadventure**

**OR**

**Extension**

EVIDENCE TO SUPPORT REQUEST  (eg. Funeral Notice, Docs Cert, Excursion Details)  <i>Attach this to form</i>	REASON FOR APPLICATION:
STUDENT SIGNATURE	
PARENT SIGNATURE	

Cooperating Teacher	Support: YES/NO	Signature:
Coordinating Teacher	Support: YES/NO	Signature:
Local School Executive (ISAC/DP)	Approval: YES/NO	Signature:
DECISION DETAILS: New Date etc.		

HT ACCESS APPROVAL:	DATE RECEIVED	PROCESSED	FILED