



Cumberland High School Illness / Misadventure Form

Student Name: Date:

Subject: Teacher:

Task Number/Title: Date of task:

REASON FOR NON-SUBMISSION <i>(please circle)</i>		
Illness	Approved Leave	Approved School Activity
Misadventure	COVID - Related	Other

Explanation:

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You must attach supporting documentation.
Illness must be accompanied by a Medical Certificate.

Student Signature: Date:

Parent Signature: Date:

Approved	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>
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Classroom Teacher Signature: Date:

Faculty Head Teacher Signature: Date:

Comments:

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