



NON ATTENDANCE AT A PERIOD ZERO FORM

Please complete all sections and return to the Senior School Student Services or email to harrisdale.shs.seniorschooladmin@education.wa.edu.au.

| | |
|-----------|---|
| Section A | Applicant details: All parts of this section must be completed by the candidate personally |
| Section B | Medical evidence: This section must be completed by the medical practitioner or registered health professional. |
| Section C | Candidate declaration: Must be signed by the candidate personally |

Section A: Applicant details – to be completed by the candidate personally

| | | | |
|---|--|-----------------------------|--|
| WA Student Number: <small>Found on your timetable</small> | | Date of Birth: | |
| Surname: | | Given name: | |
| Address: | | | |
| Suburb | | Postcode: | |
| Email: | | | |
| Home phone number: | | Mobile phone number: | |

Section B: Medical Evidence – to be completed by the medical practitioner/registered health professional

This section must be completed if an applicant’s claim on medical or psychological grounds is to be considered. Medical practitioners are asked to note the comments and illness codes in Section F over the page before completing any certification.

Please write details below or use official stamp.

| | |
|---|-------|
| Medical practitioner/health professional’s name: | |
| Name and address of hospital/clinic/surgery: | |
| Telephone number: | |

I certify that I examined Mr/Ms/Miss.....on
(Name of applicant) (Date/s of consultation)
 Signature of medical practitioner: Date:

(Medical certificate must be attached.)

Section C: Candidate declaration – to be completed by the candidate personally

Candidate Declaration

I declare that, to the best of my knowledge, all the information given on this form (and attachments) is correct. I authorise Associate Principal and Head of Learning Areas to discuss this application with any person who has signed this form or attachment.

Signature of applicant: Date:

Signature of parent/guardian (if applicable): Date:

**Please email this document to:- harrisdale.shs.seniorschooladmin@education.wa.edu.au
or hand into the Senior School Student Services office**