

ILLNESS / MISADVENTURE APPLICATION

- ☐ Stage 5 (Year 10)
- ☐ Preliminary
- ☐ HSC Assessment Task

This form MUST be used for all Illness / Misadventure Applications. Refer to the Assessment Policy.

Name: _____	Date of Task: _____
Course: _____	Assessment Task Number: _____
Teacher: _____	

- ☐ Prior knowledge of absence (due to a clash between an Assessment Task and another School Activity) Reason for application (please tick): ☐ **Illness** *or* ☐ **Misadventure**

 - ☐ Extension to submit or complete an Assessment Task
 - ☐ Absent on the day before an Assessment Task
 - ☐ Absent from school on the day an Assessment Task is due to be handed in
 - ☐ Absent from school on the day of an Assessment Task
 - ☐ Misadventure adversely affected performance during an Assessment Task
 - ☐ Illness during the completion of an Assessment Task at school. *(Note: A medical certificate MUST be obtained.)*

Reasons supporting application (to be completed by the student):

I have attached evidence to support my application (please tick and complete ONE selection from below):

Evidence of Illness:

☐ Medical Certificate (attached) Dated: _____

Evidence of Misadventure: (eg. Police report, Hospital document outlining family member illness, independent evidence of technical or mechanical failure).

☐ Dated: _____

☐ Dated: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Teacher and Head Teacher:

- ☐ Date issued _____
- ☐ Lessons missed _____
- ☐ Feedback given _____
- ☐ Comments _____

Signatures

Teacher: _____ Date: _____

Head Teacher: _____ Date: _____

Deputy Principal Recommendation:

- ☐ Zero marks awarded _____
- ☐ No loss of marks for being absent on the day before an assessment task. (document attached)
- ☐ No loss of marks. Extension granted. Assessment task to be submitted by: _____
- ☐ No loss of marks. Completion of original task on: _____
- ☐ No loss of marks. Completion of substitute task on: _____
- ☐ Student completes task on due date whilst covered by misadventure documentation. Result will be reviewed at completion of course
- ☐ Estimate (with Principal approval only) calculated at completion by HT, DP). Principal (estimate only)
- ☐ Task completed ☐ Task NOT completed

Signatures

Deputy Principal: _____ Date: _____

Principal (estimate only): _____ Date: _____

OFFICE USE

- ☐ Approved
- ☐ Not Approved (Principal Signature)
- _____
- _____
- _____

- ☐ Sentral entry # _____
- ☐ Documents attached

NOTIFY

- ☐ Head Teacher
- ☐ Class teacher
- ☐ Counsellor
- ☐ Parents
- ☐ Learning Support Teacher