



Illness, Accident, Misadventure and Special Circumstances ASSESSMENT TASK / EXAMINATION ALTERATION APPLICATION

(Years: 7, 8, 9, 10, Preliminary and HSC Courses)

Complete this form when: *(circle one)*

- a. applying for an extension
- b. submitting a "hand in" task after the due date
- c. absent on the day of a task

This application must:

1. **For an extension** - be completed as early as possible before the due date.
2. **In case of illness** - be completed within five school days of your return to class.
3. **For consideration of a late submission** - be completed within five school days of the due date.
4. have appropriate **supporting documentation attached** before submission.
5. **when completed** - **submit the application to the relevant Head Teacher for determination.**

NOTE: A failure to submit this form within five school days will render an excuse invalid – except in extraordinary circumstances (documented).

Student Name: Year: **7 8 9 10 11 12**

Subject / Course: Teacher:

Task Name:

Original due date of task:/...../..... Weight: % No. of previous IAMSC applications:

Grounds for this IAMSC application:

- Medical *(injury / illness)*
- School Sport Rep. *(school approved)*
- Exceptional Circumstance *(death)*
- Misadventure *(car accident / flood / fire etc)*
- Other:

NOTE: *unapproved leave, family holidays, cultural events, birthdays, multiday weddings, try outs, misreading requirements, ICT issues, part time work, missing the bus, airport drop offs, visits by relatives etc. etc. are not valid excuses and will not be considered.*

Supporting documentation includes:

Request to Head Teacher:

In accordance with the School Assessment Policy and the attached supporting documentation please review this request and indicate your preferred outcome for this application:

NB: Exam Co-ord to arrange time / place for changes during Formal Exam periods: **Signed:**

- Task accepted without penalty
- Task to be rescheduled for as soon as possible at a mutually convenient time *(HT to approve arrangement)*

Details:/...../..... Period/s: Location:

An estimate will be assigned based on the student's previous performance/s.

Note: *An estimate should not alter the student's assessment rank.*

Teacher included in discussion and advised of outcome (date):/...../.....

Student (signed): Date:/...../..... Copy taken

Head Teacher (signed): Date:/...../..... Copy taken

Deputy Principal aware of arrangements: Date:/...../.....

Return original to front office for copying: Date:/...../.....

Copy to central student file

Copies to HT / student