



Illness / Misadventure Application Form

Year 11 and Year 12 Assessments

SECTION 1: Student to Complete

STUDENT: _____ Year level _____

Have you missed / not completed more than one task / examination due to this illness or misadventure?

YES NO

Course	Class Teacher	Task Description	Due Date:
			/ /
			/ /

Select one

- I have been unable to submit the task by the required date
 I have been / or will be unable to attempt a task/s or examination /s on the required date

Reason for Application

- Illness – Please have a Doctor / Medical certificate as evidence of illness (Section 2)
 Misadventure – Please attach independent evidence of the Misadventure (Section 3)

Description of illness / Misadventure: _____

Student Signature: _____ Date form submitted: ___/___/___

Parent Signature: _____

SECTION 2: Medical Evidence to support Application

Please attach a copy of a valid Medical Certificate from your Medical Practitioner that includes specific dates and an explanation of the medical incident to support your application.

SECTION 3: Independent Evidence of Misadventure

Type of Misadventure	Date of Misadventure
Please describe how the misadventure affected the student's to complete this assessment task / examination on the due date. (Attach relevant supporting documentation)	
Name of person making statement _____	
Signature of person making statement _____ Date: ___/___/___	

Once this first page is completed, students are to give it to their course teacher. The teacher shall submit their

comments and seek approval from their Head Teacher then the Deputy Principal.

SECTION 4: Teacher / Head Teacher / Deputy Principal to complete

Course Name: _____ Teacher Comment: _____

Teacher name and Signature: _____ Date ____/____/____

APPLICATION DECISION (As recommended by the Head Teacher, based on all evidence supplied)

UPHELD

- (a) Further extension of time: until new due date ____/____/____
- (b) Alternative task to be undertaken
- (c) Estimate to be given
- (d) No penalty, because of acceptable extenuating circumstances

DISMISSED

- (e) Submitted late without acceptable reason, so mark of 0% will be recorded
- (f) Zero mark for non-attempt to be recorded for this task
- (g) As per assessment notification

Head Teacher Signature _____ Date ____/____/____

Application Approved by Deputy Principal _____ Date ____/____/____

SECTION 5: DECISION APPEAL (must be lodged within two school days of receiving the decision above)

I wish to appeal against the above decision. Reason for appeal (attach extra documentation if needed)

Student Signature: _____ Date ____/____/____

RESULT OF APPEAL: Upheld / Dismissed

Principals Signature _____ Date ____/____/____

Once completed and signed by both Head Teacher and Deputy Principal the form is to be given to HT Senior Studies for entry into Sentral. A copy of the completed form is also to be provided to the student by the Deputy Principal.

Office Use only:

Copy provided to student

Illness / Misadventure entered into Sentral by HT Senior Studies

Final copy to be placed in student file.