



Illness / Misadventure Application Form

Year 9, 10, 11 and 12

This form is to be completed if a student misses a school-based assessment task or will be unable to complete an assessment on the due date and can justify their reasoning.

Applications for illness/ misadventure must be lodged within five working days of the due date.

SECTION 1: Student to Complete

STUDENT NAME: _____ Year level _____

Course / Assessment Task not completed:

| Course | Class Teacher | Task Name and Number | 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. Is the medical certificate attached? Yes No

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: ____/____/____ | |

Upon completion of page one, students are to give it to their course teacher. The teacher shall submit their comments and seek approval from their Head Teacher.

SECTION 4: Course teacher to complete

Course Name: _____ Teacher Name: _____

Teacher Comment:

Teacher Signature: _____ Date ____/____/____

SECTION 5: Head Teacher to complete

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 zero (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 ____/____/____

Deputy Principal Signature _____ Date ____/____/____

Has this student submitted more than one illness/ misadventure application for the same course? Yes No

SECTION 6: 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

Alternate Deputy Principal Signature _____ Date ____/____/____

Once completed and signed by both Teacher and Head Teacher 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 HT Senior Studies.

Office Use only:

- Copy provided to student
- Illness / Misadventure entered into Sentral by HT Senior Studies
- Copy provided to course teacher

Final copy to be placed in student file.