



ILLNESS AND MISADVENTURE FORM

If illness, accident, misadventure or special circumstances prevents a student from completing a set task on or by the due date, the school must be advised immediately the situation is known. On the day of returning to school this form must be completed and returned to the Head Teacher of the subject affected.

Students are responsible for the completion of Part A of the illness and misadventure form as well as ensuring that it is handed to the subject Head Teacher.

Part A

1. Family Name: _____ First Name: _____ Year 10 11 12

2. Assessed Task: _____

3. Due Date: ____/____/____

4. Reason for this application:

Absence Non-completion

Due to . . .

Illness Accident/Misadventure Special circumstances

Attach supporting documents such as Medical Certificates (the signature and endorsement of the Principal, Deputy or School counsellor may be sought for details in this part)

Details:

Medical Certificate from _____ (Doctor) Attach a copy

_____/____/____
 Signature of Student Date Signature of Parent

Part B

5. Subject KLA: _____
 Class teacher Comment: _____

6. Head Teacher/s Decision

Not supported: Insufficient cause, assessment confirmed
 Warning letter to be issued immediately

Supported

7. Resolution agreement:

- Extension of time without penalty OR
- Set a substitute task OR
- Give an estimate based on the evidence OR
- Assessment confirmed

Completion Date: ____/____/____ Student Signature: _____

Head Teacher Signed: _____ SENTRAL Entry

(Note: A copy of this is to be kept in faculty records, original in student file)