



Illness / Misadventure Application Form

(Refer to Assessment Handbook)

A separate form is required for each task / course.

SECTION 1: Student and Parent / Carer to complete

STUDENT NAME: _____ YEAR: _____

Reason for Application (tick all that apply):

- Absent the day before a task - Please provide the evidence detailed in Section 2
- Absent the day of a task
- Non-submission
- Late submission

Course	Class Teacher	Task Description (Exam, In Class, Hand In)	Due Date

Nature of Application:

- School Approved Activity** (Sport / Excursion) or School Approved Leave. Contact relevant Head Teacher to arrange alternative arrangements as soon as possible.
- Illness** – provide the evidence in Section 3
- Misadventure** – provide the evidence detailed in Section 4

Description of Illness / Misadventure:

Student Signature: _____ Date _____

Parent / Carer Signature: _____ Date _____

SECTION 2: ABSENT THE DAY BEFORE A TASK, PARTIAL ABSENCE THE DAY OF THE TASK

Please attach the following supporting information:

- Date/s of illness or misadventure
- Impact on student's ability to attend school
- Any additional information

SECTION 3: INDEPENDENT EVIDENCE OF ILLNESS

Please attach a Medical Certificate detailing the following information:

- Date/s of illness
- Impact on student's ability to participate or complete the Assessment Task on or by the due date.

Please note, Medical Certificates can be issued from TeleHealth Providers, a General Practitioner, Hospital, Allied Health Provider or a Pharmacist.

SECTION 4: INDEPENDENT EVIDENCE OF MISADVENTURE

Please attach independent evidence of Misadventure. This may include, but is not limited to:

- Police Report.
- Roadside Assistance / Insurance Report
- SES Report

Deputy Principal Approval Check.

In Class Task Hand In Task Examination Task

Teacher / Head Teacher Notes

APPLICATION DECISION (based on all evidence supplied):

UPHELD

- (a) Task now due for completion / submission ___ / ___ / ___
- (b) Estimate generated in consultation with Principal.
- (c) Other: _____

DISMISSED

- (d) Zero mark for non-attempt to be recorded for this task
- (e) Other: _____

Deputy Principal: _____

Date: ___ / ___ / ____

Head Teacher: _____

Date: ___ / ___ / ____

Class Teacher: _____

Date: ___ / ___ / ____

Office Staff: Hardcopy added to Student File

Date: ___ / ___ / ____