Illness / Misadventure Form

First Name: _____ Surname: _____

Year: _____ Subject: _____

Task Type: _____ Task Number: _____

Teacher's Name: _____ Due date: ____/____/____

I wish to inform the school of the following circumstances which affected my performance in the above Assessment Task.

Please tick one (or more)

- ☐ Extenuating circumstances immediately before and/or during the Assessment Task
- ☐ I was absent or late on the day of the Assessment Task
- ☐ I was absent or late on the day before the Assessment Task
- ☐ Other _____

Reason (if insufficient space, also write on the back of this page):

_____

_____

_____

I have notified the Head Teacher of the subject of my absenteeism Yes / No

I have attached supporting documentation (eg. Medical Certificate) Yes / No

Student Signature: _____ Date: ___/___/_____

Parent Signature: _____ Date: ___/___/_____

STAFF ONLY – TO BE COMPLETED BY PRINCIPAL OR DELEGATE

Resolution decision: Accepted / Declined

- ☐ Student is to be awarded 'Unable to Assess' or zero marks
- ☐ Student is to be awarded the grade they achieved in the Assessment Task
- ☐ Student is to hand in / sit for the Assessment Task on _____
- ☐ Student is to be given an estimated grade (NESA APPORVAL REQUIRED PRIOR)
- ☐ Grade to be reviewed at the end of the course and adjusted only if required
- ☐ Other _____

Comment:

_____

_____

Head Teacher Signature: _____ Date: ___/___/_____

(Original to be stored in student file. Scan to be uploaded to Sentral entry.
Copy sent to Parent/Student, Head Teacher/Deputy/Principal as required)