

Please Note: Only forms filled completely will be considered.

Section A – Student Details (to be completed by student)

Student Name:						
Name of Parent/Caregive	er:					
Date this form submitted	l:/					
	(Tick ON)	E of the boxes below	v)			
☐ HSC ☐ Prelimina	ary HSC 🗖 RoSA (Yea		•	☐ Year 8	☐ Year 7	
Section B – Test or Asses	ssment Task in which	student is app	ealing (com	pleted by stud	dent)	
Date Task / Test Due:						
Subject:						
Teacher:						
Name of Task / Test:						
Weighting of Task:	%					
Section C – Reason for II	 Iness/Misadventure (1	to he complete	d hv studen	+)		
	Event: Date/s	_	-			
<u>-</u>	/s					
☐ School Excursion	: Date/s					
Illness have / have	ve not provided a Doct	ors Certificate (p	olease provid	e a copy with t	his form)	
	umentation if require					
Section D – Head Teach	er's Comment (to be o					
☐ Head Teacher supports the appeal		☐ Head Teacher does not support the appeal Reason:				
Name of Head Teacher:		_ Signed:		Date:	//_	
Section E – Principal's C	omment (to be comp	eted by Princip	al or nomine	ee)		
☐ Principal supports the appeal		☐ Principal does not support the appeal Reason:				
Name of Principal: Sign		ned:		Date:/	/	
>>>>>>>>	>>>>>>>	·>>>>>>>	>>>>>>>	>>>>>>>	>>>>>>	
A copy of this completed	form must be now ser	nt to:				
☐ The student – Dat	sent://					
☐ The Teacher – Dat	☐ The Teacher – Date sent:/ ☐ Student File					

https://schoolsnsw.sharepoint.com/sites/8450-Office/Shared Documents/Forms1/Illness Misadventure Form.docx