

Year 7 -10 ILLNESS/MISADVENTURE APPLICATION (To be submitted on or after due date of assessment task)

STUDENT NAME: _____ **DATE:** ____ / ____ / ____

SUBJECT: _____

TEACHER: _____

Task Concerned:

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Illness/Misadventure process supports students who are unwell or have an accident or other misadventure at the time of an assessment task. For this application to be approved, supporting evidence is required.

Please provide appropriate detail on how the event has impacted your ability to complete the task in question.

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MEDICAL CERTIFICATE ATTACHED YES NO

STUDENT'S SIGNATURE: _____

PARENT/CAREGIVER SIGNATURE: _____

RECOMMENDATION OF HEAD OF FACULTY APPROVED NOT APPROVED ROC ENTERED

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DECISION OF H.O.T.L. (SECONDARY) _____ DATE: ____ / ____ / ____

Office Use Only

All parties involved have been informed of the decision.