



WOOLLOOWARE HIGH SCHOOL ILLNESS / MISADVENTURE FORM

This form is to be completed by a student **who is unable to attend/submit an assessment task, on the due date** or **who feels that an assessment task has been affected by unforeseen illness or misadventure.**

(Refer to the Assessment booklet for further details).

In order for any consideration to be extended to this task:

1. **Complete and present this form to the appropriate Head Teacher, with attached documentation to support this application on the first day your return to school.** (This could be done prior to the due date, if possible or where applicable)
2. If approval is granted, this form together with any other relevant documents will be filed and kept on record

NOTE: Failure to submit this form promptly may adversely affect the result of your request.

A request for consideration of illness/ misadventure for an assessment task undertaken throughout the year, which is submitted at or near the end of the course, will generally not be considered.

It should not be assumed that an application using this form will be successful, as the reasons for misadventure will be considered on their merits.

Student's Name: _____ Year: _____

Course/Class: _____ Teacher: _____

Assessment Task Missed: _____ Due Date: _____

Reason for Consideration:

Student Signature: _____ Date: _____

Supporting Evidence: Yes / No Type of evidence: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date of Misadventure Request: _____ Home Phone: _____

OFFICE USE ONLY

Head Teacher: Options:

- New submission date: _____
- Electronic submission of task
- Photographic evidence of progress being made on work/s
- Alternative task
- Other: _____

Head Teacher: Decision Comments:

Head Teacher Approval granted: Yes / No

Head Teacher Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Copy to:

- Student File (original)
- Head Teacher
- Student Copy
- Noted on Sentral – Wellbeing/Welfare/ Data/ Illness