

ILLNESS/MISADVENTURE/APPEAL FORM



- **1. Illness-** illness or physical injuries suffered directly by the student which has affected the student's performance in a task, or their attendance on the day of a task.
- 2. Misadventure- events beyond a student's control which has affected the student's performance in a task.
- **3. Appeal** appealing the outcome of an assessment task or the outcome of an Illness/Misadventure/Appeal Application.

Students are to complete Section A and B, then submit to Head Teacher (Years 7-9) or Deputy Principal (Years 11 and 12) for consideration by the Assessment Review Committee.

Note: This form must be submitted within three days following the specified due date or within one week of the due date if the student remains absent. If the student is submitting an appeal, this must be completed within one week of the student receiving feedback.

SECTION A - To be completed by the student

Name:		Year 7	8	9 10	11	12	(circle)
Subject:		Due Date:					
Teacher:		Task Numb	er:				
Assessment Task:							
(Examination, Topic or Unit test, Assignment, I	Research Activity, Practic	al Exercise, Pra	actical	Test, F	ield W	ork, C	ther)
Reason for Misadventure/Illness/Ap	opeal:						
(State sufficient details to support your cas	se for failure to meet re	equirements)					
				•••••			
Supporting Documentation Attache	ed:						
(Mandatory for Years 11 and 12)							
Doctors Certificate	Statutory Declaration	on 🗆	l Ot	her: .			
SECTION B – Acknowledge	ement						
Students Signature:				Date:			
Parent/Carers Signature:				Da	te:		

SECTION C – To be completed by the Assessment Review Committee

Student has discussed Misadventure/Illness/Appeal with:

Teacher: Yes/N	0:	Head Teacher:	Yes/No	Deputy	Principal:	Yes/No
Approved		Details of arrang	gement below.			
Not approved		A zero mark will	be awarded.			
Comment:						
Head Teacher Si	gnature:			. Date:		
Deputy Principal	Signature:			. Date:		
SECTION D -	To be com	pleted by the F	lead Teacher			
A copy of this fo	rm has beer	า:				
-						

Hea	d Teacher Signature:			Date:	
	Placed in the student file.				
	Given/posted to the student/parents on	/	12		

SECTION E – To be completed by the Deputy Principal (Stage 6 Only)

A Sentral Data Entry has been made detailing this application (Stage 6 Only).

Deputy Principal Signature		Date:	
-----------------------------------	--	-------	--