

Illness/Misadventure Form: Years 7-9

An illness/misadventure form must be submitted in the following instances:

- A student **knows in advance** of an assessment task that they will be absent for
- A student is **unexpectedly and genuinely absent on the due date** of an assessment task
- A student has **reasonable grounds to appeal** the decision of an assessment result

In the case of a genuine absence, the completed and signed form must be submitted **within 48 hours** of return to school.

Illness/Misadventure Details – student or parent to complete then submit to classroom teacher

Student name: _____ Class: _____ Teacher: _____

Subject: _____ Due date of task: _____ Date form submitted: _____

What is the task: _____

1. Why are you submitting this form? Indicate one of the following:

- I was genuinely absent on the day of my assessment task
- I know in advance that I will be absent on the due date for my assessment task
- I will be/was involved in a school-based commitment which meant I will be/was genuinely absent on the day of my assessment task
- I have had an extended absence
- I did not submit my task on the due date and I have no reason for why it was not submitted on time

Please outline details relating to absence: _____

2. What am I requesting? Indicate one of the following: (request will be circled if approved)

<input type="checkbox"/> I am requesting an alternate date to complete task	Teacher Decision: Approved / Not Approved - Notes:
<input type="checkbox"/> I am requesting NO PENALTY due to late submission because of the reason above and my parent/carer is aware	Teacher Decision: Approved / Not Approved - Notes:
<input type="checkbox"/> I am requesting an extension	Teacher Decision: Approved / Not Approved - Notes:
<input type="checkbox"/> I am aware that I will lose 5% of my mark for each day my task has been late	Teacher Decision: Approved / Not Approved - Notes:

Parent signature: _____ Date: _____ Contact number: _____

SCHOOL USE ONLY: Teacher name: _____ Signature: _____ Date: _____

.....

Illness/Misadventure Decision – to be detached and returned to student

Student name: _____ Class: _____ Teacher: _____

Task: _____ HT Signature: _____ Date: _____

Decision: Approved Not approved