



## Illness or Misadventure Form

Stage 5 (RoSA)  Preliminary  HSC   
(please tick the appropriate box)

CATEGORY (please tick one)

- Application for an assessment task extension
- Failure to attend an in-class task due to illness, accident or misadventure
- Appeal of assessment mark due to illness, accident or misadventure

**An illness or misadventure form must be submitted in the following instances if:**

- a student **knows in advance** that they will be absent for an assessment task
- a student is unexpectedly and genuinely absent **in the lead up to or on the due date** of an assessment task

In the case of a genuine absence, the completed and signed form must be submitted within 3 school days (72 hours) from the student's return to school.

**Illness or Misadventure Details - student or parent to complete and submit to the class teacher**

Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Course: \_\_\_\_\_ Task No: \_\_\_\_\_ Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is the task? \_\_\_\_\_

### 1. Why are you submitting this form?

- I was absent on the day of the assessment task (medical certificate attached)
- I know in advance that I will be absent on the due date of the assessment task
- I will be/was absent for a school-based commitment which meant I will be/was genuinely absent on the day of the assessment task (evidence from the supervising teacher is required)
- I have had an extended absence in the lead up to the assessment task (evidence from a parent/carer is required – statutory declaration)

**Please outline the details relating to the absence and attach relevant evidence.**

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Medical Certificate attached: Yes  No  Additional information attached: Yes  No

### 2. What am I requesting?

- An extension of the due date
- An alternate or substitute task
- Late submission - the task to be submitted without penalty

**Parent or carer endorsement:**

I \_\_\_\_\_ (parent or carer) endorse the request of  
\_\_\_\_\_ (student) as I believe they were impacted by  
factors outside their control: illness, accident or extenuating circumstances.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or carer signature                      Date                      Contact phone number

**Class Teacher Comment:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Class teacher signature                      Date

Please indicate if the student has already completed/submitted the task: Yes  No

**Head Teacher Recommendation:**

**Reason for decision:**

- Complete a substitute task
- Estimate to be given
- No marks to be awarded
- Task to be submitted with penalty
- Complete the task without penalty

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New due date if appropriate: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Head Teacher signature

**Deputy Principal Notes:**

- Accept the recommendation of the Head Teacher
- Reject the recommendation of the Head Teacher
- Alternate outcome

Notes: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Deputy Principal                      Date

**Illness or Misadventure Decision**

Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Course: \_\_\_\_\_ Task No: \_\_\_\_\_ Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is the task? \_\_\_\_\_

Decision: **Approved / Not Approved**

*DP to print two copies once signed (original to teacher/copy to student/copy to student file@Admin)*