Newtown High School of the Performing Arts
Illness/Misadventure Form

Name: ........................................ Course: ............................... Year: ............

Name of Assessment Task: .................................................................

Performance, Assessment Task No: .............. Task, Weighting: ................................................

Date Due: ......................................................... Class Teacher: ................................................

Nature of Task: (please circle)

Examination
Performance
Assignment
Field Work
Portfolio
Research Activity
Practical Task
Speaking Task
Viewing Task
Written Task

Section A

To be completed by the student

Outline reasons for this application for Illness/Misadventure and attach relevant documentation.

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Parent/Carer Signature: ............................... Student Signature: .................................

Date: .............................................................. Date: ......................................................

Section B

To be completed by the Head Teacher

Head Teacher’s Name: ................................. Faculty: ................. Course: ......................

Receipt date of Illness/Misadventure form: .................................................................

Task submitted/completed  □ Yes  □ No  Date Completed: ........................................

Date of rescheduled task: ................................

Comments: .................................................................

HT Signature: .................................................................

Section C

To be completed by the Assessment Review Committee

Resolution: Accepted / Rejected

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ARC Members: ...................................................................................................................................

Copy to: Committee/Relevant Head Teacher /Student/Parent/Carer/Student File