



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, Practical Task, Speaking Task,
Written Task, Viewing Assignment, Research
Activity, Portfolio, Field Work.

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