

Newtown High School of the Performing Arts

Group Performance Illness/Misadventure Form



Name/Names of students causing misadventure:

Section A

List of students affected:

Course: Year:

Name of Group Performance: Weighting Date Due:

Class Teacher:

Outline reasons for this application for Illness/Misadventure:

Attention: If a student is responsible for this group illness/misadventure application they MUST also complete an individual illness/misadventure form otherwise they will be awarded a mark of zero.

Section B

To be completed by the Head Teacher

Head Teacher's Name: Course:

Faculty: Date:

Receipt date of Illness/Misadventure form:

Task submitted/completed Yes No Date of Rescheduled Task:

Comments:

HT Signature:

Section C

To be completed by the Assessment Review Committee

Resolution:

ARC Members:

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