



ILLNESS/MISADVENTURE APPLICATION FORM

STUDENT'S DETAILS

Given name(s)	Surname	Year
Student's signature	Parent/Guardian's signature	Date

TASK

Subject	Class teacher(s)	Head teacher
Assessment task number	Assessment task title	Assessment task due date

Why were you or will you be unable to complete or submit the task on the due date?

I have attached the following supporting documents:

Check the relevant Assessment Policy for what supporting documentation you are required to submit.

DECISION

Class teacher to discuss recommended action with the subject head teacher.

- | | |
|--|---|
| <input type="checkbox"/> Late penalty to apply | New due date: _____ |
| <input type="checkbox"/> Extension of time given | |
| <input type="checkbox"/> Zero marks to be recorded | <input type="checkbox"/> Original task to be undertaken |
| <input type="checkbox"/> Estimate to be given | <input type="checkbox"/> Substitute task to be undertaken |
| | N-warning letter to be issued: Yes/No |

Head Teacher Recommendation to Deputy Principal (Years 11-12) **OR Approval** (Years 7-10)

Name	Signature	Date

Deputy Principal Approval (Years 11-12)

Name	Signature	Date

Student advised of the outcome by the head teacher or the class teacher on _____.

A COMPLETED COPY OF THIS FORM IS TO BE RETURNED TO THE STUDENT AND ANOTHER KEPT IN THE MONITORING FOLDER.