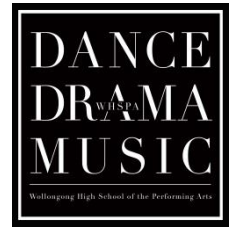




WOLLONGONG HIGH SCHOOL

Of The Performing Arts

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Phone: 02 4229 6844 or 02 4229 6434 Fax: 02 4226 4128
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Year 10 Assessment Misadventure Form

Application for Special Consideration for an Accident/misadventure/illness/Special Circumstances

If illness, accident, misadventure or special circumstances prevent you from completing an Assessment Task on or before the due date:

- The school must be advised immediately the situation is known, before the due date if possible and,
- On the day of returning to the school this form must be completed and handed to the Head Teacher of the particular course.

Part A: To be completed by the STUDENT and handed to the class teacher.	
Student Name:	Course:
Class Teacher:	Date Due:
Nature of Assessment Task (Eg: Essay)	
Reason for Application: Please circle ILLNESS/APPROVED LEAVE/OTHER SCHOOL COMMITMENT/MISADVENTURE/OTHER	
Explanation:	
Attach-supporting documents (Eg: Medical Certificate) including letter from a Parent/Caregiver	
Student Signature:	Date:
Part B: To be completed by the CLASS TEACHER before the application is submitted.	
Recommendation by Class Teacher/Head Teacher	
Teachers are requested to write a recommendation concerning this application. Alternatively, the teacher could refer this application to the Head Teacher or discuss this application directly with the Deputy Principal or Principal.	
Signature:	Date:

Part C: To be completed by the HEAD TEACHER.

Recommendation:

Signature: _____

Date: _____

NB: If there is agreement with the staff member's recommendation there may not be a need for you to attend a meeting with the Deputy Principal.

Part D: Decision at Senior Executive Level (please tick or cross).

- | | |
|--|--|
| <input type="checkbox"/> Estimate based on all other Assessment Tasks _____ | <input type="checkbox"/> Consideration to be given |
| <input type="checkbox"/> Extension of time granted until _____ | <input type="checkbox"/> No consideration to be given |
| <input type="checkbox"/> Estimate based on substitute Task being set and completed | <input type="checkbox"/> Other |
- Show as non-attempt: "U" Award Warning to be issued

Signature of Deputy Principal/Principal: _____

Date: _____

Part E:

- | | |
|----------------------------------|-------------|
| 1. Faculty informed of decision. | Date: _____ |
| 2. Student informed of decision. | Date: _____ |
| 3. Entered on data base. | Date: _____ |