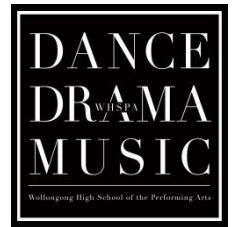




# **WOLLONGONG HIGH SCHOOL**

## **Of The Performing Arts**

Lysaght Street, Fairy Meadow • PO Box 222, Fairy Meadow NSW 2519  
Phone: **02 4229 6844** or **02 4229 6434** Fax: **02 4226 4128**  
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# **Year 12 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: _____ |