



Assessment Misadventure Application

Application for special consideration for an accident/misadventure/illness/special circumstance.

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 course.

Part A: To be completed by the STUDENT and handed to the class teacher.

Student Name:	Course:	
Class Teacher:	Year:	
Reason for Application (Please circle)		
ILLNESS/APPROVED	LEAVE/OTHER SCHOOL	COMMITMENT/MISADVENTURE/OTHER
Explanation:		
Student Signature:	Date:	

***Attach supporting documents (E.g.: Medical Certificate) including letter from a Parent/Caregiver*

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:
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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: To be completed by the DEPUTY (please tick or cross).

- Extension (Date: _____)
- Alternative task (Date: _____)
- Estimation
- Other _____

Show as non-attempt: "U" Award Warning to be issued

Signature of Deputy Principal/Principal:

Date:

Part E: Summary

Faculty informed of decision

Date:

Student informed of decision

Date:

Entered on data base

Date: