



ILLNESS, ACCIDENT OR MISADVENTURE APPLICATION

(Must be submitted within one week after the task or submission date)

Submit to your Deputy Principal for consideration by the ROSA / HSC Review Committee.

SECTION A:

To be completed by the Student:

NAME: _____ YEAR: 10 / 11 / 12 (circle)

SUBJECT: _____ DATE OF APPLICATION: _____

TASK NUMBER: _____ TASK NAME: _____

TYPE OF ASSESSMENT TASK:

- ☐ Examination ☐ Topic or Unit Test ☐ Research Activity ☐ Practical Test
☐ Oral Presentation ☐ Other _____

DUE DATE OF ASSESSMENT TASK: _____

REASON FOR ABSENCE:

(State sufficient details to support your case for consideration to sit for task or substitute task.)

MEDICAL CERTIFICATE / STATUTORY DECLARATION (copy attached) FROM:

(State Name of Doctor / Justice of the Peace)

Student's signature: _____ Date: _____

Parent's signature: _____ Date: _____

Head Teacher's signature: _____ Date: _____

SECTION B:

To be completed by the Head Teacher:

Student: _____

Subject: _____

Head Teacher: _____

Teacher: _____

Number of days late: _____

Maximum mark for task: _____

Comment: _____

Head Teacher signature: _____

Date: _____

SECTION C:***ROSA / HSC REVIEW COMMITTEE DECISION***

Decision: Approved / Not Approved

Outcome: ☐ Sit task at alternative time

☐ Estimate

☐ Submit task at alternative time

☐ Alternative task

☐ Adjust marks accordingly if necessary

Comment: _____

Signed: _____ Date: _____

Office Instructions:

☐ Copy to Teacher (to place in Monitoring folder)

☐ Copy to Student

☐ Original in student file

☐ Scan and upload to Sentral Incident Number _____