



Illness/Misadventure Application Form

(To be submitted to classroom teacher)

Section A (To be completed by the student)

Student Name..... Year

Course Faculty

Class Teacher..... Head Teacher.....

Assessment Task Name

Task No..... Date Issued..... Due Date..... Weighting..... %

Nature of Task: (please circle)

Assignment	Examination	Field Work	Listening Task	Major Work
Performance	Portfolio	Practical Test	Research Activity	Speaking Test
Viewing Task	Written Task	Other (please specify).....		

Section B (To be completed by the student)

Reason for the application for illness/misadventure

(Attach an extended statement or documentation as necessary. Eg: medical certificate)

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Student Signature..... Date.....

Parent Signature..... Date.....

Section C (OFFICIAL USE ONLY: To be completed by the relevant Faculty Head Teacher)

Was the original task completed? YES / NO Date submitted or attempted.....

Resolution decision? **ACCEPTED / REJECTED** Date of rescheduled task

Comments

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Faculty Head Teacher signature..... Date

(Copy to: student, parent, and student file)