



APPENDIX 3
KANDOS HIGH SCHOOL

ILLNESS/MISADVENTURE FORM
FOR SCHOOL BASED ASSESSMENT TASKS, INCLUDING EXAMINATIONS

Name: _____ Date: _____

*This form must be submitted if you (1) know you will be absent from an assessment task with a valid reason or (2) had an illness or a misadventure that **prevented** you from doing the task or examination, or that **impacted** on your performance during the examination. This form must be submitted on the day or the first day you return to school to the Head Teacher of that subject (who will inform the Deputy Principal).*

I, _____ hereby apply on consideration of the following factor(s) which affected my performance in this assessment task.

- Only list the examinations/assessment tasks that you are appealing
- Do not list the examination/assessment tasks in which you were not affected by illness or misadventure

<input type="checkbox"/> Stage 5	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Higher School Certificate
Assessment Task		Teacher:
Outline of Reason/s for misadventure/illness:		
Request and date for proposed completion (if applicable)		
Extension	<input type="checkbox"/>	No Penalty for Lateness
Penalty	<input type="checkbox"/>	Estimate to be used

Note: Documentary evidence from Parent/Doctor must be provided, except in exceptional circumstances.

Independent evidence of illness/misadventure:

- Doctor's Certificate supplied: Yes/No
- Statutory Declaration by parent supplied: Yes/No

Statutory Declaration must include date of illness/incident, nature of incident (e.g. death of family member, car accident, etc.); all relevant details of the incident; and contact details of parent.

I consider that my examination/assessment task performance was affected by illness or unforeseen misadventure which occurred immediately before or during the examination/misadventure as set out in this form.

I declare that all the information I have supplied is true:

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

Recommendation and Decision	
<input type="checkbox"/> Extension granted	<input type="checkbox"/> Penalty applied
<input type="checkbox"/> No penalty for lateness	<input type="checkbox"/> Estimate to be used
<input type="checkbox"/> Other: _____	
Signatures: _____ Head Teacher	_____ Class Teacher
Deputy Principal Signature: _____	
<input type="checkbox"/> Head Teacher Informs student of Decision	Date: _____
Signatures: _____ Head Teacher	_____ Student