

TURRAMURRA HIGH SCHOOL



Illness/Misadventure Form

Section A *To be completed by the student and handed to the relevant Head Teacher*

Student's Name: Number:

Course: Year 11 (Preliminary) / HSC
(circle)

Name of Assessment Task:

Nature of Task:
(attach a copy of the task)

Class Teacher:

Weighting: Date Due:

Outline reasons for this application for Illness/Misadventure and attach relevant documentation.

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Parent/Carer Signature: Date:

Student Signature: Date:

You will be informed of this decision within two school days of lodgement of this misadventure application.

If you are not satisfied with the determination you may appeal to the Assessment Review Panel within two (2) school days of receiving this notification. Appeals may be lodged with the Principal.

Section B *To be completed by the Head Teacher*

Head Teacher's Name:

Faculty: Course:

Receipt date of Illness/Misadventure form:

Head Teacher Determination: (Tick appropriate actions)

- Task to be accepted without penalty
- Missed task to be completed on (date)
- Alternative task to be completed on /by (date)
- An estimate to be awarded
- A zero mark to be awarded
- Extension granted. Due date:

Comments:

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HT Signature: Date:

Section C: Student acknowledgement of Head Teacher decision

Student declaration: *"By signing this acknowledgment, I accept the decision of the Head Teacher"*

Student Signature: Date:

If you **disagree** with the decision and wish to lodge a referral to the Assessment Review Panel, complete form Appendix E:

"Appeal against the outcome of Illness/Misadventure determination"

Referral to the Assessment Review Panel should occur within 2 school days of receiving the Head Teacher appeal decision. (Sections A, B and C must be included together with all relevant material)

Original to be filed in Student file

Copy to Head Teacher

Copy to Year Adviser

Copy to parent/student