

TURRAMURRA HIGH SCHOOL



Illness/Misadventure Form

Section A: To be completed by the student and submitted to the relevant Head Teacher

Student's Name: .....

Class: .....

Name of Assessment Task: .....

Type of Task: .....

Name of Class Teacher: .....

Weighting: ..... Date Due: .....

Outline reasons for this application for Illness/Misadventure and attach relevant documentation. If Covid related, please state the date that the student tested positive to Covid.

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Parent/Carer Signature: ..... Date: .....

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

**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
- Late penalty issued
- 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: .....

Copy to Year Adviser

Copy to parent/student