

APPLICATION FOR ILLNESS, ACCIDENT OR MISADVENTURE

(to be submitted to Administration or Deputy Principal the day of returning to school)

Note: this is an application only and will be recommended for consideration when completed

Name _____ Year _____

Course Name _____ Date _____

Details of task _____

Misadventure Request Type:

- ☐ Extension
☐ Consideration of performance

Have you already completed the task or exam?

- ☐ yes
☐ no

Reason for Misadventure Request (e.g illness) _____

If you completed the examination, how was your performance affected by this condition on the day?
(must clearly state all symptoms).

Attached: Medical Certificate ☐

Parent Letter ☐

Was the illness/potential misadventure reported to the Head Teacher or Deputy Principal on the day of the exam?

YES ☐

NO ☐

Applicant's Signature: _____ Date: _____

Please hand the completed form to the Head Teacher of the subject

Faculty Use only

☐ Entered on Sentral

OR (complete the following):

Date Received _____

Head teacher Signature _____

Outcome _____

This record will be kept by Administration

HEAD TEACHER SUBJECT RESPONSIBILITIES

Mr Gordon	Standard English, Advanced English, Extension English, Chinese, French, German, Japanese, Italian
Mr Bennett	Geography, Economics, Business Studies, Legal Studies, Society and Culture, Ancient History, Modern History, History Extension
Ms Turner	Design & Technology, Engineering Studies, Industrial Technology, Food Technology, Hospitality, Textiles & Design, Software Design, Information Processes, Information Technology
Ms Svilans	Visual Arts, Photography, Drama, Entertainment, Music, Dance
Mr Boon	Mathematics, General Mathematics, Extension Mathematics
Ms Churchill	Biology, Senior Science, Physics, Chemistry, Earth & Environment
Ms Moran	PD/H/PE, Community & Family Studies