

# FRESHWATER SENIOR CAMPUS

## REQUEST FOR ILLNESS / MISADVENTURE FORM

This form and all necessary medical certificates or other professional documents must be submitted to the Deputy Principal of your Year Group immediately upon your return to school

Freshwater Senior Campus will only consider awarding special consideration in cases of **Illness, and/or Misadventure**. These may be defined as follows:

- **Illness or injury** – that is, illness or physical injuries suffered directly by the student which allegedly affected the student's performance.
- **Misadventure** – that is, any other event beyond the student's control which allegedly affected the student's performance (eg. Death of a friend or family member, involvement in a traffic accident, isolation caused by flood or fire) or which meant the student could not complete the task on the day

Student Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Year: \_\_\_\_\_

**THIS FORM WILL NOT BE ACCEPTED UNLESS ALL BOXES ARE TICKED:**

- |   |   |
|---|---|
| <input type="checkbox"/> Reason for request for illness/misadventure completed                  | <input type="checkbox"/> Student signature and date completed           |
| <input type="checkbox"/> All course and task details to be completed                            | <input type="checkbox"/> Parental/Guardian signature and date completed |
| <input type="checkbox"/> Doctor's Certificate / Statutory Declaration / other evidence attached |   |

*Once the form has been completed, the student must then hand the request form to the Deputy Principal*

Reason for Request: *(Tick One)*

☐ Illness

☐ Misadventure

Course: \_\_\_\_\_ Original task due date: \_\_\_\_\_

Name of Task: \_\_\_\_\_ What % is the task worth: \_\_\_\_\_

Has the task been completed / handed in? Yes ☐ If "Yes" – when? \_\_\_\_\_  
No ☐

Describe the reasons for this request:

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Have you submitted an illness/Misadventure/Extension for this course before? Yes ☐ No ☐

Will you lodge a request for this Illness/Misadventure/Extension in another course(s)? Yes ☐ No ☐

Documentation Attached:

Doctor's Certificate ☐ Statutory Declaration ☐ Other supporting evidence ☐ *(Tick One)*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EXECUTIVE USE ONLY

*Deputy Principal interview with student (eg. level of impact, number of school days impacted)*

*Deputy Principal contact with parent/carer*

*Deputy Principal's comment and recommendation (support documentation placed in the student file)*

Deputy Principal signature \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Principal – entry on Sentral ☐ Sentral Record Incident Number: \_\_\_\_\_

*Head Teacher's comment and decision*

Head Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Decision:**

Mark awarded without penalty ☐

Reschedule Exam or Task ☐ New Date: \_\_\_\_\_

Extension granted ☐ New Date: \_\_\_\_\_

This form is to be filed in the Head Teacher's faculty folder. After the Task has been completed, the form ***must be sent to the front office to be placed in the student file***

Office – adjust entry on Sentral when form returned ☐ Date: \_\_\_\_\_