

Illness/Misadventure Application Form

Please submit immediately before or after illness/misadventure to your Course Teacher

Student Name: _____ Course: _____

Teacher: _____ Task Name: _____

Date Due: _____ Date of submission of request form: _____

Course Teacher/Head Teacher contacted: YES / NO Date of this contact: _____

If your application is highly confidential or sensitive in nature you may contact the Principal directly

Nature of request (please select): ILLNESS MISADVENTURE

Please **provide details** and **attach independent evidence** to this form:

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

PART 2 – STAFF ONLY
Illness/Misadventure Application Form

STEP 1: Head Teacher

Student name: _____ Task name: _____

Course: _____ Faculty: _____

Not Supported Supported (GO TO STEP 2)

Insufficient cause demonstrated – zero marks awarded N Warning letter sent

Student informed and recorded

Additional comment: _____

STEP 2 – Decision

New date to complete/submit the same task New Due Date: _____

New date to complete task New Due Date: _____

Exempt from task (Principal direction only)

Student/Supervisor informed of decision Recorded

Additional comments: _____

Signed: _____ (Head Teacher) Date: _____

STEP 3 – Right of Appeal to Deputy Principal

A student has the right to appeal the decision made in Step 1. The student must present in writing **explicit reasons/any new evidence** for appealing the HT decision and submit this written appeal to the **Deputy Principal** (within 2 school days of the HT decision).

Deputy Principal Decision Appeal Supported Appeal Not Supported

Additional comments/reasons: _____

Student/Supervisor informed Head Teacher informed

Signed: _____ (Deputy Principal) Date: _____

STEP 4 – Right of Appeal to Principal

A student has the right to appeal the decision made in Step 3. The student must present in writing **explicit reasons/any new evidence** for appealing the Deputy Principal decision and submit this written appeal to the **Principal** (within 2 school days of the DP decision).

Principal Decision Appeal Supported Appeal Not Supported

Additional comments/reasons: _____

Student informed Head Teacher informed Deputy Principal informed

Signed: _____ (Principal) Date: _____