Stage 5
Illness/ Misadventure Form

WAHROONGA ADVENTIST SCHOOL

Students are to use this form when they have been absent immediately prior to an assessment task being due or unable to submit an assessment task by the due date and have legitimate reasons to support their late submission.

1. Students must submit this signed form to the relevant teacher for approval upon the first day back to school.
2. The teacher will record the revised date on SEQTA.
3. Students will be expected to complete/submit their task on the revised date, as per the method of submission as stated on the Assessment Notification
4. If the revised date is missed the standard consequences will apply for a late task, i.e. N-Determination Warning Letter.

For a detailed overview please consult the 'Assessment Procedure Summary' in the Assessment Handbook.

Section 1: Student Details (please fill out all details)

Student Name: _____ Task Name: _____

Teacher: _____ Due Date: _____

Subject: _____ Proposed Due Date: _____

Circumstance: (indicate one of the following)

☐ Illness ☐ Misadventure

Category: (indicate one of the following)

☐ Absent on the day before an Assessment Task

☐ Absent on day of an Assessment Task being due

☐ Misadventure adversely affected performance during an Assessment Task *(Note: An Illness / Misadventure Application MUST be commenced on the day of the Assessment Task.)*

☐ Sick during the completion of an Assessment Task at school. *(Note: A medical certificate MUST be obtained.)*

I have attached the following items of evidence to this application

☐ Medical Certificate ☐ Parental Letter (Stage 4 only) ☐ Other

Reason for Application/ Non-submission: _____

_____

_____

Consideration Requested:

☐ Notification Only ☐ Extension ☐ Review of Marks/ Penalty

Acknowledgement: I hereby acknowledge that the information provided is true and accurate

☐ Student ☐ Parent/ Guardian

Section 2: Teacher Decision (Complete all details and enter this on SEQTA)

☐ Approved ☐ Declined ☐ Other

Review of Marks/ Penalty: _____ Revised Due Date: _____

Teacher Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____