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# Assessment – Illness / Misadventure Variation Form

## Years 9 - 10

**NB: A new form is required for each individual task.**



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### Section 1: To be completed by the student and signed by their parent or guardian.

Please complete this form at least three (3) days prior to the due date for extension of time requests. If request is due to illness, accident or misadventure this form is to be completed within 2 days of returning to school.

Name: \_\_\_\_\_

Year: \_\_\_\_\_

Subject: \_\_\_\_\_

Teacher: \_\_\_\_\_

Task Name: \_\_\_\_\_

Due Date: \_\_\_\_\_

Reason for Absence/Request for additional time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Once signed above, the student takes the form to their class teacher and the Leader of Learning for action.

### Section 2: To be completed by the Class Teacher and Leader of Learning

Class Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution/Decision: Accepted/Rejected

Action taken:

\_\_\_\_\_  
\_\_\_\_\_

Leader of Learning Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Once all sections are completed and signed, student is to take the form to Student Services