



Assessment – Illness/Misadventure/Variation Form

Years 11 - 12



Please tick one of the following boxes

Illness / Misadventure

- Unforeseen absence on the day of a task**
Submit this form on the FIRST day you return to school after the due date of the task.
- During an assessment task**
Submit this form on the DAY OF THE TASK or the FIRST school day of attendance after the task.

Assessment Variation

- Extension request for task submission**
Submit this form at least THREE SCHOOL DAYS prior to the due date of the task.
- Change of date for in-class task (foreseen absence)**
Submit this form at least THREE SCHOOL DAYS prior to the due date of the task.

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

Student Name: _____ Year: _____ Date: _____

Course: _____ Assessment Task Number: _____

Due Date: _____ Class Teacher: _____

Reason for the submission of the Illness/Misadventure/Variation form:

The following actions must be completed.

College notified of the issue on _____ (please insert date)

Supporting Parent/Guardian letter attached: Yes / No (please circle)

Appropriate independent evidence attached (e.g. Medical Certificate etc): Yes / No (please circle)

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Once signed above, the student takes the form to the Leader of Learning for action

Chronicle# _____

Section 2 – Office Use Only: To be completed by the Leader of Learning and the Assistant Principal

Application upheld

Application declined

- Student to attempt task on a date specified by the Leader of Learning below
- Student to attempt substitute task on a date specified by the Leader of Learning
- Extension of time granted. **New due date:** _____
- Student to be awarded the higher result of their original attempt or the estimate of the Leader of Learning
- Task completed; marks to be given consideration at the end of course final assessment
- Other outcome: _____

Reason:

Leader of Learning Signature: _____

Date: _____

Assistant Principal Signature: _____

Date: _____