



Principal  
Mrs S. Kapsimalis

# Blakehurst High School

## ILLNESS/MISADVENTURE APPLICATION (APPENDIX A)

### Section A

To be completed by the student

Student's Name: ..... Course: ..... Year: .....  
Parent's Name: ..... Daytime parent contact number: .....

Name of Assessment Task: .....

Due Date: ..... Class Teacher: .....

Nature of Task: (please circle)

<b>Examination</b>	<b>Performance</b>	<b>Assignment</b>	<b>Field Work</b>	<b>Portfolio</b>
<b>Research Activity</b>	<b>Practical Task</b>	<b>Speaking Task</b>	<b>Viewing Task</b>	<b>Written Task</b>

Type of Claim (please tick)       Illness       Misadventure

Outline reasons for this application for Illness/Misadventure and attach relevant documentation

.....  
.....  
.....

Parent/Carer Signature: ..... Student Signature: .....

Date: ..... / ..... / .....      Date: ..... / ..... / .....

### Section B

To be completed by the Head Teacher

Head Teacher's Name: ..... Faculty: ..... Course: .....

Receipt date of Illness/Misadventure form: .....

Task submitted/completed       Yes     No      Date Completed: .....

Date of rescheduled task: .....

Head Teacher Approval:       Approved       Rejected

Comments: .....

Head Teacher Signature: ..... Date: ..... / ..... / .....

### Section C

To be completed by the Deputy Principal

Resolution:       Accepted       Rejected

Deputy Principal Signature: ..... Date: ..... / ..... / .....

Comment: .....

Copy to: Relevant Head Teacher, Student, Parent/Carer, Student File