

**YEAR 10 ASSESSMENT: ILLNESS/MISADVENTURE APPLICATION**

This form must be completed then taken to the relevant Head Teacher **within two days of returning to school.**

SURNAME: .....

GIVEN NAME: .....

YEAR: .....

DATE OF APPLICATION: .....

Please indicate the subject/s for which this appeal is being lodged.

Subject /Class	Date of Task	Nature of Task	Teacher

NATURE OF APPLICATION (Illness, Misadventure or other School-Approved Absence):

.....

Provide sufficient details to support your case for consideration to sit for the task or substitute task or to gain an extension of time.

SUBSTANTIATING EVIDENCE ATTACHED (attached letter or documents): YES NO

SIGNED: .....

DATE: ...../...../.....

(student)

SIGNED: .....

DATE: ...../...../.....

(parent)

HEAD TEACHER'S COMMENT/RESCHEDULED TASK DATE:

.....

SIGNED: .....

DATE: ...../...../.....

FORM TO BE RETURNED TO THE DEPUTY PRINCIPAL

Form received: ...../...../.....

BY: .....

APPEAL PANEL'S DECISION:

.....

SIGNED: .....

DATE: ...../...../.....

NAME: .....