Narooma High School
ILLNESS/MISADVENTURE APPEAL FORM

If illness, accident, misadventure or special circumstances prevent you from completing an Assessment Task on or before the due date:

- the class teacher must be advised immediately the situation is known, through a phone call to the school before or on the due date, and
- on the day of returning to school this form, together with appropriate documentation, must be completed and presented to the class teacher.

**Part A**  To be completed by the student and handed to class teacher

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Teacher:</td>
<td>Date Due:</td>
</tr>
</tbody>
</table>

**Assessment Task Details**

<table>
<thead>
<tr>
<th>Reason for Illness</th>
<th>Misadventure Application- please circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness</td>
<td>Approved Leave</td>
</tr>
<tr>
<td>Misadventure</td>
<td>Other School Commitment</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Explanation:**

Attach supporting documents such as medical certificate and/or letter from parent/caregiver

Student Signature ___________________________ Date __________________

**Part B**  To be completed by the class teacher before the application is submitted

**Recommendation by Class Teacher/Head Teacher**

Teachers are requested to write a recommendation concerning this application. Alternatively, the teacher could refer this application to the head teacher or discuss this application directly with the Deputy Principal or Principal.

Signature ___________________________ Date __________________

**Part C**  To be completed by the Head Teacher

**Recommendation:**

Signature ___________________________ Date __________________

**NB**  If the student is dissatisfied with the recommendation, he/she and the class teacher/head teacher may need to meet with the Senior School Assessment Panel.

**Part D**  Decision of the Assessment Panel [Deputy Principal and Year Adviser]

- Estimate based on all other Assessment Tasks
- Extension of time granted until _______________________
- Estimate based on substitute Task being set and completed
- Zero mark to be awarded for the task
- Show as non-attempt: U award warning to be issued
- Consideration to be given
- No consideration to be given
- Other …………………………………………………………………

Signature of Panel Chairperson ___________________________ Date __________________

**Part E**

1. Faculty informed of decision Date __________________
2. Student informed of decision Date __________________
3. Entered on data base Date __________________