



LEUMEAH HIGH SCHOOL

ILLNESS/MISADVENTURE/ Official School Business Application Form

This form **MUST** be submitted to the **Head Teacher/Deputy Principal** on the **FIRST DAY OF RETURN TO SCHOOL** or emailed to leumeah-h.school@det.nsw.edu.au within 5 school days of the due date of the task (whichever occurs earlier)

Student Name: _____ Year: _____ Date application submitted: _____

Course:	Task Name:	Date of Task:	Task completed Y/N

Nature of application (please tick): illness misadventure clash with official school activity / VET

Student Statement: (Describe how the illness or misadventure affected your performance or prevented your attendance)

Student Signature: _____ Date: _____

OR

Parent/Caregiver Signature: _____ Date: _____

Independent Evidence: I have attached evidence to support my application (complete ONE selection below):

- Section 1 of this Application form (see reverse) completed by _____ Dated: _____
- Medical Certificate (attached) with all relevant information as per Assessment Policy
- Section 2 of this Application form (see reverse) completed by _____ Dated: _____
- Other (please describe) _____ Dated: _____

Deputy Principal / Head Teacher Action:

Examination (Yearly / Trial HSC) or Assessment Task rescheduled for: _____

Students must be prepared to complete any missed assessment tasks from the first day of return to school

Head Teacher Signature: _____ Date: _____

You will be informed of the outcome of this Illness/Misadventure Application within 5 school days

If you are not satisfied with the determination, you may appeal in writing to the Head Teacher within 5 school days

Deputy Principal Action:

Comment: _____

Deputy Principal Signature: _____ Date: _____

Assessment Review Panel Decision:

Application Upheld

Application Declined

No loss of marks. New due date to complete task or alternate task _____

Assessment task to be reduced by _____ % due to: _____

Other: _____

Reason: _____

Principal Signature: _____ Date: _____

Parents/Caregivers contacted regarding outcome on _____ Data Record on Sentral # _____

Office Use Only: Original to: Student File Deputy Principal Head Teacher(s): _____

Independent Evidence

SECTION 1: Clash with Official School Business

Name of school activity that the assessment task clashes with: _____

SECTION 2: Evidence of Misadventure: to be completed by a relevant person

Date of misadventure event: _____

Description of event:

Name: _____

Profession: _____ Place of work /organisation: _____

Address: _____ Contact: _____

Signature: _____ Date: _____

Further evidence attached (please describe