Illness/Misadventure Application

Student Name: _____________________ House: _______________ Year: ______

Note:
• This form needs to be submitted within on the first day upon returning to the College.
• No application will be considered without a complete form.
• Students who fail to complete 51% of the internal assessment will be issued with “N” awards.
• Computer/Printer failure does not constitute grounds for an appeal.

Did you sit/submit the task on the scheduled day and time? Yes ☐ No ☐

This application is (tick ✓ one box only)

1. To explain an absence the day prior to a task
2. To claim Illness/Misadventure for a task completed
3. To explain why a task was not completed

In the case of 2 or 3 above, the Director of Teaching and Learning reserves the right to have a student complete a comparable make up task. This will be considered on a case by case basis.

Subject and Level  eg English Standard, Maths Ext 1

Task and weighting (attach a copy of the Assessment Notification) %

Date of Task

Have you had an Illness/Misadventure appeal for any other task for this subject? If so which task? (tick ✓)

No ☐ Yes ☐ Task ☐

Details of Illness/Misadventure

Supporting documents (tick ✓)
A letter from parents is insufficient.
Medical Certificate ☐ Funeral Details ☐
Transport Delay Notice ☐ Other ☐

Other supporting statements (teacher/health centre)

Student Signature: _____________________ Date: _____/_____/_____

YOU MUST NOW SUBMIT THIS FORM TO THE HEAD OF DEPARTMENT WITH ALL ATTACHED DOCUMENTATION SUPPORTING THE APPLICATION.
Head of Department  (please note you will receive a scanned copy of this form)

Do you support this application?  

Yes [ ]  No [x]  

Comment that will assist DOTL in determining what action to take:

________________________________________________________________________

________________________________________________________________________

Head of Department’s signature: _____________________________ Date: __________

Director of Teaching and Learning  (to be completed by Director)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>All steps completed and on time</td>
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<tr>
<td>Make up task</td>
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<td>Estimate</td>
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<tr>
<td>Follow up</td>
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Approved / Not Approved

Comment: __________________________________________

________________________________________________________________________

Director of Teaching and Learning’s signature: _____________________________ Date: __________

Clerical use only

1. Details added to Excel Spreadsheet  Date:  

2. HODs and HOHs receive scanned copy of form  Date:  

3. Student receives a copy of the form  Date:  