



Illness/Misadventure Application

STUDENT NAME: _____ **HOUSE:** _____ **YEAR:** _____

Note:

- This form needs to be submitted **on the first day** upon returning to the College.
- A medical certificate/other appropriate documentation must be attached to this 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 Activity on the scheduled day and time? Yes No

This application is: (tick ✓ one box only)

1. To explain an absence for the day prior to an activity									
2. To claim Illness/Misadventure for an activity completed									
3. To explain why an activity was not completed									
Subject and Level: eg English Standard, Maths Ext 1									
Activity and Weighting: (Attach a copy of the Assessment Notification)	%								
Date of Activity:									
Have you had an Illness/Misadventure appeal for any other activity for this subject? If so which activity? (tick ✓)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">No</td> <td style="width: 25%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">Activity</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	No	Yes	Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No	Yes	Activity							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Details of Illness/Misadventure	<hr/> <hr/>								
Supporting documents (tick ✓) <i>A letter from parents is insufficient.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Medical Certificate</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%;">Funeral Details</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Transport Delay Notice</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Medical Certificate	<input type="checkbox"/>	Funeral Details	<input type="checkbox"/>	Transport Delay Notice	<input type="checkbox"/>	Other	<input type="checkbox"/>
Medical Certificate	<input type="checkbox"/>	Funeral Details	<input type="checkbox"/>						
Transport Delay Notice	<input type="checkbox"/>	Other	<input type="checkbox"/>						
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

Do you support this application?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Comment that will assist DOTL in determining what action to take:

Head of Department Signature: _____ Date: _____

DIRECTOR OF TEACHING AND LEARNING *(to be completed by Mrs Mano)*

All steps completed and on time	Yes	No
Make up activity	Yes	No
Estimate	Yes	No
Follow up		

APPROVED / NOT APPROVED

Comment: _____

Director of Teaching and Learning Signature: _____

Date: _____

Clerical Use Only:

1.	Details recorded to Excel Spreadsheet	Date:
2.	Scanned to T Drive/Public/Curriculum/Illness-Misadventure	Date:
3.	Medical Certificate scanned and saved to Edumate	Date: