



St Vincent's College
Potts Point

Illness/Misadventure Application

Student Name: _____ 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.

This application is: (tick one box only)

1. To explain an absence for the day prior to an assessment.	<input type="checkbox"/>	
2. To claim Illness/Misadventure for an assessment completed.	<input type="checkbox"/>	
3. To explain why an assessment was not completed.	<input type="checkbox"/>	
Subject and Level: (e.g. English Standard, Maths Ext 1)		
If you have missed more than one assessment, YOU MUST NOW SEE THE DIRECTOR OF TEACHING AND LEARNING.		
Date of Assessment:		
Assessment number and Weighting: (Attach a copy of the Assessment Notification)		%
Have you had an Illness/Misadventure appeal for any other assessment for this subject? (tick ✓)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Illness/Misadventure		
Are all supporting documents attached to this form (tick ✓) <i>A letter from parents is insufficient.</i>	<input type="checkbox"/>	
STUDENT SIGNATURE: _____ Date: ____/____/____		
PARENT/CARER SIGNATURE: _____ Date: ____/____/____		

YOU MUST NOW SUBMIT THIS FORM TO THE HEAD OF DEPARTMENT WITH ALL ATTACHED DOCUMENTATION SUPPORTING THE APPLICATION

HEAD OF DEPARTMENT

Recommendation	Tick one	Details
Make up activity		
Follow up		
Review at completion of course		
Other		

Comment

Signature: _____ **Date:** _____

DIRECTOR OF TEACHING AND LEARNING

APPROVED / NOT APPROVED

Comment:

Signature: _____ **Date:** _____

Clerical Use Only:

1.	Details recorded to Spreadsheet	Date:
2.	Medical Certificate scanned and saved to Veracross	Date: