

# 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: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">No</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Yes</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px;">Activity</td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	No		Yes		Activity							
No		Yes		Activity									
Details of Illness/Misadventure													
Supporting documents (tick ✓)	<table style="width: 100%; border: none;"> <tr> <td>Medical Certificate</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Funeral Details</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><i>A letter from parents is insufficient.</i></td> <td></td> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Transport Delay Notice</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Medical Certificate	<input type="checkbox"/>	Funeral Details	<input type="checkbox"/>	<i>A letter from parents is insufficient.</i>		Other	<input type="checkbox"/>	Transport Delay Notice	<input type="checkbox"/>		
Medical Certificate	<input type="checkbox"/>	Funeral Details	<input type="checkbox"/>										
<i>A letter from parents is insufficient.</i>		Other	<input type="checkbox"/>										
Transport Delay Notice	<input type="checkbox"/>												
Other supporting statements: (Teacher/Health Centre)													
<b>STUDENT SIGNATURE:</b> _____      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"/>
----	--------------------------

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: