



REDCLIFFE STATE HIGH SCHOOL

Illness and Misadventure - Application Form

Years 7 to 10

1. This form should only be completed after review of the *Academic Integrity Policy*, to ensure that this application is an appropriate course of action.
2. This form is to be submitted directly to the relevant Head of Department no more than **14 days** prior to, or on the due date, for their consideration.
3. Note: One (1) form **must** to be submitted for each assessment piece.

STUDENT NAME:	YEAR LEVEL:	STUDENT EMAIL: @eq.edu.au
SUBJECT:	TEACHER:	HOD:
ASSESSMENT INSTRUMENT:	ORIGINAL DUE DATE:	
STUDENT STATEMENT		
ILLNESS <input type="checkbox"/> MISADVENTURE <input type="checkbox"/> Provide details of the nature of the illness or misadventure. Include, if relevant, dates of absences.		
Explain the impact of your illness/misadventure on your ability to complete your assessment by the due date		
Student Signature:	Parent/Carer Signature:	
Date:		
VERIFYING EVIDENCE		
Only applications with supporting evidence will be considered. It is the parent's and student's responsibility to organise the supporting evidence for this application.		
<input type="checkbox"/> Attached is a medical certificate or note from parent/caregiver stating that student was unfit for duty for a period which includes the due date of the assessment.		
<input type="checkbox"/> Attached is a funeral notice or equivalent demonstrating impact on the due dates OR		
<input type="checkbox"/> Attached is a third party signed statement from a relevant independent professional or independent third party such as a police report stating the nature of the misadventure and covering the due date of the assessment OR		
<input type="checkbox"/> Other. Please specify:		
OFFICE USE:	APPLICATION RECEIVED: ___/___/___	
HEAD OF DEPARTMENT:	APPLICATION RECEIVED: ___/___/___ (Decision required within 48 hours)	
The following are to be notified of outcome:	<input type="checkbox"/> Student	<input type="checkbox"/> Teacher
Record of Contact in OneSchool <input type="checkbox"/>		
<input type="checkbox"/> APPROVED New due date: ___/___/___ <ul style="list-style-type: none">▪ Documented as "Personalised Learning" in OneSchool▪ Provision Name: Illness and Misadventure▪ Provision Type: School▪ Provision Target Area: Curriculum▪ Contact Person: HOD making the decision (HOD NAME)▪ Application scanned and attached		<input type="checkbox"/> NOT APPROVED <ul style="list-style-type: none">▪ Documented as "Contact" in OneSchool
Original application: kept on student file in main office Copy given to classroom teacher for inclusion in student assessment folder		
HOD Signature:	Date:	