

## 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:  SUBJECT:  TEACHER:  HOD:  ASSESSMENT INSTRUMENT:  STUDENT STATEMENT  ILLNESS   MISADVENTURE   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  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 for this application.  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.  Attached is a funeral notice or equivalent demonstrating impact on the due dates OR  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 andcovering the due date of the assessment OR  Other, Please specify:  OFFICE USE:  APPLICATION RECEIVED: / /						
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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.  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.  Attached is a funeral notice or equivalent demonstrating impact on the due dates OR  Attached is a funeral notice or equivalent demonstrating impact on the due dates OR  Other. Please specify:  OFFICE USE: APPLICATION RECEIVED: (Decision required within 48 hours)  The following are to be notified of outcome: Student  Record of Contact in OneSchool  APPROVED New due date: (Decision required within 48 hours)  Provision Type: School  Provision Name: Illness and Misadventure  Contact Person: HOD making the decision (HOD NAME)  Provision Type: School  Original application: kept on student file in main offfice Copy given to classroom teacher for inclusion in student assessment folder	SUBJECT:	TEACHER:		•		
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