



# REDCLIFFE STATE HIGH SCHOOL

## Illness and Misadventure - Application Form

### Years 11 & 12

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 **Principal** or **Principal's delegate** consideration.
3. Note: One (1) form **must** to be submitted for each assessment piece.

<b>STUDENT NAME:</b>	<b>YEAR LEVEL:</b>	<b>STUDENT EMAIL:</b> @eq.edu.au
<b>SUBJECT:</b>	<b>TEACHER:</b>	<b>HOD:</b>
<b>ASSESSMENT INSTRUMENT:</b>		<b>ORIGINAL DUE DATE:</b>

#### 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

Student Signature:

Parent/Carer Signature:

Date:

#### VERIFYING EVIDENCE

Only applications with third party 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 stating that I was unfit for duty for a period which includes the due date of the assessment. Year 11 & 12 students **must submit** a [QCAA Medical Report template](#), available for download from the school website **OR**
- Attached is a funeral notice or equivalent demonstrating impact on the due dates **OR**
- Attached is a third party signed statement (not the student/parent/carer) 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**
- 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:  Student  Teacher

Record of Contact in OneSchool

- APPROVED** New due date: \_\_\_/\_\_\_/\_\_\_
- Documented as "Personalised Learning" in OneSchool
  - Provision Name: Illness and Misadventure
  - Provision Type: School
  - Provision Target Area: Curriculum
  - Contact Person: HOD and Year Level DP making the decision
  - Application scanned and attached

- NOT APPROVED**
- 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**

Principal's delegate Signature:

Date: