

Illness/Misadventure Application Form

Please submit immediately before or after illness/misadventure to your Course Teacher

Student Name:	Course:	
	Task Name:	
Date Due:	Date of submission of request form:	
Course Teacher/Head Teacher contacted	YES / NO Date of this contact:	
If your application is highly confidential	or sensitive in nature you may contact the Principal directly	
Nature of request (please select): ☐ ILLN	IESS MISADVENTURE	
Please provide details and attach indepe	ndent evidence to this form:	
Student Signature:	Date:	
Supervisor Signature:	Date:	

PART 2 – STAFF ONLY

Illness/Misadventure Application Form

STEP 1: Head Teacher

Student name:	Task name:		
Course:	Faculty:		
□ Not Supported	☐ Supported (☐ Supported (GO TO STEP 2)	
☐ Insufficient cause demonstrated -	- zero marks awarded		
☐ 'N' Warning letter sent			
☐ Student informed and recorded			
Additional comments:			
STEP 2 – Decision			
☐ New date to complete/s	submit the same task New	Due Date:	
☐ New date to complete like task		Due Date:	
☐ Exempt from task (Princ			
☐ Student/Supervisor info	rmed of decision Rec	orded	
Additional comments:			
	(Head Teacher) Date:	(Head Teacher)	
STEP 3 – Right of Appeal to Deputy		(
	ealing the HT decision and submi	dent must present in writing explicit it this written appeal to the Deputy	
Deputy Principal Decision	☐ Appeal Supported	☐ Appeal Not Supported	
Additional comments/reasons:			
☐ Student/Supervisor informed	☐ Head Teacher informed		
Signed:(I	Deputy Principal) Date:	(Deputy Principal)	
STEP 4 – Right of Appeal to Principa			
	ealing the Deputy Principal decision	dent must present in writing explicit on and submit this written appeal to	
Principal Decision	☐ Appeal Supported	☐ Appeal Not Supported	
Additional comments/reasons:			
☐ Student informed	☐ Head Teacher informed	 □ Deputy Principal informed	
Signed:	(Principal) Date:	(Principal)	