

# Illness/ Misadventure/Variation Form

This form should be used when students have missed or are unable to complete an assessment task on the due/scheduled date.

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_ Class Teacher: \_\_\_\_\_

Task No: \_\_\_\_\_ Date Scheduled: \_\_\_\_\_

Reasons for Failure to meet Requirements:

**Supporting Evidence must be attached e.g. medical certificate**

Signature Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent: \_\_\_\_\_

*Please return to the **Head Teacher** no later than 2 days after the scheduled date of the Assessment Task. When your absence/late submission is known before the date of the task, this form must be submitted to the Head Teacher at least one week **BEFOREHAND**.*

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Head Teacher Recommendation:

Head Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Class Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal / DP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Appeal Panel Decision:

Signed: \_\_\_\_\_  
Principal / DP

Signed: \_\_\_\_\_  
Year Advisor

Signed: \_\_\_\_\_  
HT on Panel