



JOHN THERRY CATHOLIC HIGH SCHOOL
ASSESSMENT TASK LATE SUBMISSION APPEAL FORM
ILLNESS & MISADVENTURE Years 10-12

STUDENT TO COMPLETE THIS SECTION

Student Name _____ Year _____

Subject/Course _____ Teacher _____

Today's date: _____ Due date of assessment/In-class task or test _____

Task: _____

Nature of task (*Tick one*) In Class task or test ___ Hand in Assessment Task ___ Formal Exam ___

Reason for Appeal (*Tick one*):

ILLNESS _____

MISADVENTURE _____

Explain how unforeseen Illness or Misadventure has prevented you from submitting this task on the due date or prevented your attendance on the day of the in-class task/examination.

Doctor's Certificate and declaration attached: Yes ___ No ___

Student Signature _____

Parent Signature _____ **Date** _____

Curriculum Coordinator to complete

Result of appeal:

- Upheld** due to Illness / Misadventure
- Denied** - Comment _____
- Action to be taken:
- Mark task and award marks to student.
- Mark task to determine achievement of outcomes but "zero" mark awarded for task.
- Send a 'N' Warning letter to the student

Curriculum Coordinator signature

- Assessment mark (or zero) resulting from appeal entered in KLA Mark book
- Assessment returned to student with decision of appeal **Date** _____

KLA Coordinator Signature

KLA to complete

✂ **STUDENT RECEIPT to be kept in diary** ✂ ✂ ✂

NAME _____ **YEAR** _____

SUBJECT _____ **TEACHER** _____

TASK HANDED IN WITH MISADVENTURE FORM YES _____ NO _____ (*Please tick*)

DATE _____ **TIME** _____ **RECEIVED BY** _____



JOHN TERRY CATHOLIC HIGH SCHOOL

Illness / Misadventure Form Years 10-12

Please complete Part A or Part B or Both

PART A

Independent Evidence of Illness

To be completed by Doctor/Medical practitioner

Diagnosis of Medical condition: _____

Date of onset of illness: ____/____/____

Date(s) and time(s) of all consultations related to illness _____

Please describe how the student's condition / symptoms could impede their performance in the relevant task: _____

Name of doctor or health care professional _____

Profession _____ Place of work _____

Address _____

Contact Number _____ Signed _____ Date _____

PART B

Independent Evidence of Misadventure

Date of event causing misadventure ____/____/____

Were you a witness to the event Yes / No

If (NO), how did you obtain the information you are providing? _____

What is your relationship to the student? _____

Describe the event _____

Name: _____ Profession: _____

Contact Number: _____ Signed _____ Date _____