Assessment
Illness/Misadventure Form

☐ Declaration of student absence on day of assessment task
   Note: This form must be completed 5 school days prior to a planned absence or brought to school on the first day’s attendance after an unexpected absence.

☐ Declaration of student absence on day prior to assessment task
   Note: This form must be completed 5 school days prior to a planned absence the day prior to an assessment task or brought to school on the first day of attendance after an unexpected absence.

☐ Student request for extension of time
   Note: This should be requested at least 5 school days prior to the due date.

Student name: ____________________________________________ Course: ___________________________

Examination/task/test name: _________________________________________________________________

Scheduled date for assessment: _______________ Date requested for extension (if applicable) _____________

I hereby declare that I was absent from school on the date of the assessment for the following unavoidable reasons OR I certify that the extra day(s) are required to complete the assignment for the following reasons:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Documentary evidence attached (eg. medical certificate, funeral notice, independent witness, etc.) stating why the student was absent or unfit to complete task on the day OR why the student requires extension.

_______________________________________________________________________________________

_______________________________________________________________________________________

Student signature: ____________________________________________ Date: ________________

Parent signature: ____________________________________________ Date: ________________

Recommendation/Approval

Teacher: ____________________________ (Recommended/Not recommended) Date: ________________

Teacher’s recommendation: ________________________________________________________________

Assessment to be re-scheduled ☐ Date and time of rescheduled task: __________________________

Substitute task ☐

Estimate to be used ☐

Head of faculty: ____________________________ (Recommended/Not recommended) Date: ________________

Director of Learning and Teaching: ____________________________ (Approved/Not approved) Date: ________________

Please tick ☑ relevant year
☐ HSC  ☐ Preliminary  ☐ Year 10