



**GIRRAWEEEN**  
HIGH SCHOOL

110 Gilba Road, Girraween NSW 2145 T: 02 9636 7293 F: 02 9896 3274  
girraween-h.school@det.nsw.edu.au www.girraween-h.schools.nsw.edu.au

### Illness / Misadventure / Official School Business Application

This form **MUST** be used for all Illness / Misadventure/ Clash with official school business applications.  
Refer to the *Evidence of Illness / Misadventure* section in your student Assessment Booklet. As of June 2022

Name: \_\_\_\_\_ Roll Call: \_\_\_\_\_ Date of Task: \_\_\_\_\_  
 Course: \_\_\_\_\_ Assessment Task: \_\_\_\_\_

Reason for application (please tick):  illness or  misadventure or  clash with official school-based activity

Category from Student Assessment Booklet (please tick ONE selection from below):

- Extension to submit or complete an Assessment Task
- Absent 3 days prior to an Assessment Task or  Absent in the two weeks prior to a Major Examination
- Absent from school on the day an Assessment Task is due to be handed in
- Absent from school on the day of an Assessment Task
- Misadventure adversely affected performance during an Assessment Task (*Note: An Illness / Misadventure Application MUST be commenced on the day of the Assessment Task.*)
- Sick during the completion of an Assessment Task at school. (*Note: A medical certificate MUST be obtained.*)

Reasons supporting application (to be completed by the student):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have attached evidence to support my application (please tick and complete ONE selection from below):

**Independent Evidence of Illness:**

Section 1 of this Application form (see reverse) completed by Dr. Dated: \_\_\_\_\_

Medical Certificate (attached) completed by Dr. Dated: \_\_\_\_\_

**Evidence of Misadventure:**

Section 2 of this Application form (see reverse) completed by \_\_\_\_\_ Dated: \_\_\_\_\_

Other (please describe): \_\_\_\_\_ Dated: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

Date: / /

**Deputy Principal (HT Administration – Year 10) recommendation:**

Major Examination (Yearly / Trial HSC) rescheduled for: \_\_\_\_\_

No loss of marks for being absent 3 days prior to an assessment task.

No loss of marks for being absent in the two weeks prior to a Major Examination.

No loss of marks. Organise with Subject Head Teacher to complete task.

Assessment task to be reduced by \_\_\_\_\_% due to: \_\_\_\_\_

(Parents contacted regarding deductions on / /

Signature Deputy Principal / HT Admin: \_\_\_\_\_ Date: / /

**Head Teacher Action:**

Extension granted. Assessment task to be submitted by: \_\_\_\_\_

New due date for completion of original task: \_\_\_\_\_

Due date for completion of substitute task on: \_\_\_\_\_

Other: \_\_\_\_\_

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

Date: / /

Original to:  Deputy Principal (Years 11 – 12)  Head Teacher Administration (Year 10)

Copy to:  Student File

Head Teacher(s): \_\_\_\_\_

## Independent Evidence

### SECTION 1: Clash with Official School Business

Name of school activity that the assessment task clashes with:

### SECTION 2: Independent evidence of Illness: to be completed by a medical practitioner.

Diagnosis of medical condition:

Date of onset of illness:

Date(s) and time(s) of consultations / meetings relating to this illness:

Please describe how the student's condition / symptoms could affect their examination / assessment task performance. *(If the student is unable to attend exam/assessment task, it is essential that you provide full details. If required, please attach extra).*  Extra attached

**Examinations / Assessment Tasks: I certify that the student is medically unfit to sit for an examination / assessment task, or to attend school to submit an assessment task, on:**

Any other comments or information which may assist in the assessment of the student's application.  Extra attached

Please note that any fee for providing this report is the responsibility of the student.

Name of doctor or health professional providing this information:

Place stamp here

Profession:

Place of work / organisation:

Address:

Contact phone:

Signature:

Date:

### SECTION 3: Evidence of Misadventure: to be completed by a relevant person.

Date of misadventure event:

Description of event:

Name:

Profession:

Place of work / organisation:

Address:

Contact phone:

Signature:

Date:

Further evidence attached (please describe):