



MUIRFIELD HIGH SCHOOL

Barclay Road, North Rocks, New South Wales, 2151 Ph. 9872 2244

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Principal: Ms Jennifer Reeves – BA DipEd GradDip(Information Management)

ILLNESS/MISADVENTURE FORM

Used to request consideration for assessment/s for students who are unwell or have an accident or other misadventure at the time of an assessment and where the illness/misadventure may have impacted on the completion of task. Must be submitted on the first day of return to school, or earlier.

PART A (to be completed by the student)

Student Name: Year: Date of appeal:

Task No	Task Name & Type	Faculty/Course	Teacher	Date issued	Date due	Weighting

PART B (to be completed by the student)

Reason for this application. Describe how illness or misadventure affected your performance or prevented your attendance. Give details of any action you took to report this.

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Did you attend? Yes No
Did you submit the work? Yes No

Evidence provided to support this application:
Medical certificate (Stage 6: Muirfield High School Medical Certificate. Stage 5: doctor’s medical certificate)
Statutory Declaration
Other (Please specify)

I have carefully read the information provided in the Muirfield High school Assessment Booklet and the NESI Information Guide for Students regarding the rules and procedures for illness/misadventure for HSC students. I consider that my performance was affected by illness or unforeseen misadventure which occurred during, or immediately prior to, the assessment task. I declare all the information I have supplied is true.

Student signature: Parent/caregiver signature:

Part C (OFFICIAL USE ONLY: to be completed by the Head Teacher Senior Studies)

Student Name: Date application received:

Course: Task:

Original task attempted/submitted: Yes, Date Submitted/attempted: No N/A

Application decision: Accepted Declined

	Details/Comments:
<input type="checkbox"/> Task rescheduled	
<input type="checkbox"/> Task extension (CRT/HT negotiated)	
<input type="checkbox"/> Task rescheduled	
<input type="checkbox"/> Substitute task to be completed	
<input type="checkbox"/> Maintenance of rank (after all other tasks completed)	
<input type="checkbox"/> Other	

Student notified on (date):

Original for student file Faculty Head Teacher copy Classroom teacher copy