



Sarah Redfern High School

Illness / Misadventure Application Form

Year 10, 11 and 12

1. If illness, accident, misadventure or special circumstances prevent a student from completing a set task on or by the due date, Sarah Redfern High School must be advised immediately.
2. This form should be submitted to the Block 1 office staff where possible, before the task takes place or within three (3) days upon returning to school.
3. One (1) form must be submitted for each assessment piece.

Student name: _____ Year level: _____

Student email: _____@det.nsw.edu.au

Subject: _____ Teacher: _____ Class: _____

Assessment Task No: _____ Assessment Task Name: _____

Original Due Date: _____

Student Statement

Illness ☐ Misadventure ☐ Provide details of the nature of the illness or misadventure. Include, if relevant, dates of absences.

Explain the impact of your illness/misadventure on your ability to complete your assessment by the due date

Student Signature: _____ Parent Signature: _____ Date: _____

Verifying Evidence

Only applications with third party supporting evidence will be considered. It is the parent's and student's responsibility to organise the supporting evidence for this application.

- ☐ attached is a medical certificate
- ☐ attached is a funeral notice or equivalent demonstrating impact on the due dates
- ☐ attached is a third party signed statement (not the student/parent/carer)

OFFICE USE ONLY

Application received: _____ / _____ / _____

☐ approved ☐ not approved

☐ document in Illness/Misadventure meeting minutes on Sentral

SAO to complete documentation, provide to Head Teacher, student, parent, record on Sentral and place a copy in student file with the original application