



Section A: Student Submission

Students are asked to complete and submit this form or have a copy accompany a written note from a parent or carer in request of consideration for illness or misadventure regarding an assessment task.

Name:		Course:	Year:
Task Number:	Description:		
Date Scheduled:	Class Teacher:		
Reason for the Application (State details and attach supporting documentation) _____ _____ _____			
Medical Certificate / other supporting evidence is attached: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Student's signature:	Date:	Parent / Caregiver's Signature:	

**Students are responsible for consulting their Teacher for the outcome of their application*

Section B: Staff Consultation	<i>Date Received by Teacher:</i>
Class Teacher / Head Teacher recommendation:	
Head Teacher's signature:	Date: