



Assessment Misadventure Application Form

Today's Date: _____ Task Due Date: _____

Student Name: _____ Year group: _____

Subject: _____ Teacher: _____

Task concerned: _____

Did you complete this task: Yes / No (please circle)

What is the nature of your misadventure / issue? (please tick)

Illness

Other

Details : _____

Documentation provided: Yes / No

(examples include medical certificate; funeral notice; police report; statutory declaration; letter)

Student Signature: _____ Parent Signature: _____

Outcome – to be completed by Deputy Principal in consultation with relevant Head Teacher.

Head teacher Recommendation: _____

Head Teacher Signature: _____ Date: _____

DP Decision:	Sit task at alternative time	Estimate	Alternative task	Application Rejected (zero mark awarded)
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New date / time: _____

Deputy Principal Signature: _____ Date: _____

Communicated to: Teacher Head Teacher

Copies of this completed document (incl. attachments) go to: DP, Head Teacher, Teacher