



Year 9 and 10 Illness/ Misadventure Form

EMAIL TO THE DEPUTY 1 WEEK FROM THE ORIGINAL DUE DATE

Student Details and Course

Student Name: _____

Parent/Carer mobile number: _____

Class/ Year Group: _____

Original date of task: _____

Task Name: _____

Task Weighting: _____

Course/Subject: _____

Class Teacher Information

Name: _____

Faculty: _____

Head Teacher notified: _____

Reasons for Application and Evidence

Illness/misadventure/appeal: _____

What outcome are you asking for? _____

Medical certificate attached: _____



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Reason for request: what happened to impact your ability to submit/complete assessment on/ by due date?

By submitting/emailing this form to the deputy, you agree that all the information contained in this form is accurate and true. If there is any dishonesty found in this application, the application may be declined, and you may receive a zero.

Students can appeal to the school principal via email, but this must be done within one week of receiving the outcome in writing (via email) from the deputy.

Supporting person:

Supporting person signature:

Support statement here:

Please send this form to your Deputy Principal:

Year 9 and 12: Ms Bourke: sheree.bourke@det.nsw.edu.au

Year 7 and 11: Ms Fountoulis: ms.fontis@det.nsw.edu.au

Year 8 and 10: Ms Taoube: wafa.taoube@det.nsw.edu.au