



**Tempe High School YEAR 9 AND 10 Illness / Misadventure / Extension Form MUST BE EMAILED TO THE DEPUTY**

**SECTION 1: Fill in this section first**

Deputy Fountoulis: [ms.fontis@det.nsw.edu.au](mailto:ms.fontis@det.nsw.edu.au)  
Deputy Bourke: [sheree.bourke@det.nsw.edu.au](mailto:sheree.bourke@det.nsw.edu.au)  
Deputy Taoube: [wafa.taoube@det.nsw.edu.au](mailto:wafa.taoube@det.nsw.edu.au)

Subject/ Course:

Name of Student:

Year Group/Class:

Name of Class Teacher:

Original Date of Assessment Task:

Parent/Carer Name and Mobile Number:

Weighting of Task:

The Head Teacher has been notified before I have emailed this to the Deputy:

Form is handed in within 1 week from assessment date:

**TYPE OF REQUEST**

| Illness | Tick if there is a medical certificate attached (compulsory if sick) | Misadventure | Extension | Appeal<br><br>(For Principal only) |
|---------|--|--------------|-----------|------------------------------------|
|         |  |              |           |                                    |

**SECTION 2: Explain the reason for your application - what happened to impact your ability to hand in/complete assessment?**

**SECTION 3: What outcome are you requesting? Be specific with your request.**

**SECTION 4: Can you provide us with evidence or a supporting statement that could support your request? Attach it to the same email as this form.**

Name of Person: \_\_\_\_\_

Relationship to student and contact details:

**Supporting Person: please complete your supporting statement below:**

\* By submitting 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 student 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.