



ST BEDE'S  
CATHOLIC COLLEGE  
CHISHOLM

# Year 11 -12 Illness, Misadventure and Request for Extension

*A new form is required for each subject task.*

*Please tick the relevant box*

Illness

Misadventure

Request for Extension

## Section 1: To be completed by student. Form must be handed in on return to school

Name: \_\_\_\_\_ Year \_\_\_\_\_ Homeroom \_\_\_\_\_

Subject(s)\*: \_\_\_\_\_ Teacher(s)\*: \_\_\_\_\_

Task Name: \_\_\_\_\_ Task No: \_\_\_\_\_

Nature of Task: \_\_\_\_\_ Due Date: \_\_\_\_\_

Reason for Absence/Request \_\_\_\_\_

\_\_\_\_\_

Evidence Attached: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 2: To be completed by the Assessment Review Committee

Resolution Decision: Accepted / Declined

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Assistant Principal's Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Comment/Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_