



## ST BEDE'S CATHOLIC COLLEGE

### ILLNESS, MISADVENTURE and REQUEST FOR EXTENSION FORM

### YEARS 11 and 12

**Students must complete task at earliest possible date, while waiting for result of request and regardless outcome.**

<ul style="list-style-type: none"> <li>• <b>PLEASE TICK THE RELEVANT BOXES BELOW</b></li> <li>• <b>COMPLETE FORM, STUDENT AND PARENT TO SIGN</b></li> <li>• <b>SUPPORTING EVIDENCE <u>MUST</u> BE ATTACHED (in line with NESAs requirements)</b></li> <li>• <b>SUBMIT THE FORM WITH SUPPORTING EVIDENCE TO <u>STUDENT SERVICES</u></b></li> <li>• <b>THE FORM WILL BE DATE STAMPED AND YOU WILL BE SENT AN EMAIL RECEIPT</b></li> <li>• <b>YOUR FORM WILL BE FORWARDED TO THE ASSESSMENT REVIEW COMMITTEE FOR PROCESSING</b></li> <li>• <b>THE OUTCOME OF THE ASSESSMENT VARIATION WILL BE COMMUNICATED VIA EMAIL.</b></li> </ul>	OFFICE USE ONLY:
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**Absence from an Assessment Task**

- **ILLNESS or UNFORSEEN ABSENCE**– Submit this form on the FIRST school day of attendance after the due date of the Assessment Task with supporting evidence (e.g. medical certificate)
- **FORSEEN ABSENCE** – Submit this form prior to the due date of the Assessment Task (e.g. work placement, sport, etc)

**Misadventure during an Assessment Task**

- Submit this form on the FIRST school day possible



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

*A new form is required for each subject task. Only one form is required for cross-curricular tasks where one assessment is provided – see note below\**

### 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
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 Members Signature

\_\_\_\_\_  
Assistant Principal Signature

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

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

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

\_\_\_\_\_

**\*For cross-curricular tasks ensure you write down all subjects and all teachers. A Leader of Learning responsible for the task must sign this form before you hand this to Student Services.**