



San Clemente High School, Mayfield

Assessment - Illness/Misadventure/Variation Form

Please complete, sign and submit this form to the relevant Teaching and Learning Coordinator.

Tick one of the following boxes:

Illness/Misadventure – Unforeseen absence on the day of a task

Submit this form on the **FIRST** school day of attendance after the due date of the task.

Illness/Misadventure – During an assessment task

Submit this form on the **DAY OF THE TASK** or the **FIRST** school day of attendance after the task.

Assessment Variation – Extension request for task submission

Submit this form at least **FIVE SCHOOL DAYS** prior to the due date of the task.

Assessment Variation – Change of date for in-class task (foreseen absence)

Submit this form at least **FIVE SCHOOL DAYS** prior to the due date of the task.

SECTION ONE: To be completed by the Student:

Name: Mentor:.....

Course: Assessment Task Number:

Due Date: Class Teacher:.....

Reason for the submission of the Illness/Misadventure/Variation Form:

.....
.....
.....

The following actions **MUST** be completed by the student (please tick each box once finalised):

Supporting Parent/Guardian statement:

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.....
.....

Appropriate independent evidence attached (e.g. Medical certificate, funeral notice) – **YEAR 10 only**

Signed: (Student) Date:

Signed: (Parent/Carer) Date: