

San Clemente High School, Mayfield Assessment - Illness/Misadventure/Variation Form

Please complete, sign and submit this form to the relevant Leader of Learning.

Tick one of the following boxes:

Assistant Principal's signature:

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: Assessment Task Number: 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: Appropriate independent evidence attached (e.g. Medical certificate, funeral notice) – YEAR 10 only Signed: (Parent/Carer) Date: SECTION TWO: To be completed by the panel (Leader of Learning & Assistant Principal) Application accepted		
□ 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:	☐ Illness/Misadventure – Unforeseen absence on the day of a ta	ısk
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Due Date:	Name:	Mentor:
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□ Supporting Parent/Guardian statement: □ Appropriate independent evidence attached (e.g. Medical certificate, funeral notice) − YEAR 10 only Signed: (Student) Date: Signed: (Parent/Carer) Date: Signed: Application accepted □ Application denied	Reason for the submission of the Illness/Misadventure/Variation	Form:
□ Supporting Parent/Guardian statement: □ Appropriate independent evidence attached (e.g. Medical certificate, funeral notice) − YEAR 10 only Signed: (Student) Date: Signed: (Parent/Carer) Date: Signed: Application accepted □ Application denied		
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☐ Application accepted ☐ Application denied	Signed: (Parent/Carer)	Date:
☐ Application accepted ☐ Application denied		
	Outcome/Details:	- Application deflied

STAFF: Alternate arrangements chronicled on Compass. Outcome emailed to Parent/Carer. Copy filed in student file.

Date: