



CALOUNDRA STATE HIGH SCHOOL

Illness and Misadventure - Application Form

Years 7 to 12

1. This form should only be completed after review of the *Academic Integrity Policy*, to ensure that this application is an appropriate course of action.
2. This form is to be submitted directly to the Administration office no more than **14 days** prior to, or on the due date. This form will then be submitted to the Head of Department for their consideration.
3. Note: One (1) form **must** to be submitted for each assessment piece.

STUDENT NAME:	YEAR LEVEL:	STUDENT EMAIL: @eq.edu.au
SUBJECT:	TEACHER:	HOD:
ASSESSMENT INSTRUMENT:		ORIGINAL DUE DATE:

STUDENT STATEMENT

ILLNESS **MISADVENTURE** Provide details of the nature of the illness or misadventure. Include, if relevant, dates of absences.

Explain the impact of your illness/misadventure on your ability to complete your assessment by the due date

Student Signature:

Parent/Carer Signature:

Date:

VERIFYING EVIDENCE

Only applications with third party supporting evidence will be considered. It is the parent's and student's responsibility to organise the supporting evidence for this application.

- Attached is a medical certificate stating that I was unfit for duty for a period which includes the due date of the assessment. Year 11 & 12 students **must submit** a [QCAA Medical Report template](#), available for download from the school website **OR**
- Attached is a funeral notice or equivalent demonstrating impact on the due dates **OR**
- Attached is a third party signed statement (not the student/parent/carers) from a relevant independent professional or independent third party such as a police report stating the nature of the misadventure and covering the due date of the assessment **OR**
- Other. Please specify:

OFFICE USE:	APPLICATION RECEIVED: ____ / ____ / ____
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HEAD OF DEPARTMENT:	APPLICATION RECEIVED: ____ / ____ / ____ (Decision required within 48 hours)
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The following are to be notified of outcome:	<input type="checkbox"/> Student	<input type="checkbox"/> Teacher
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Year 7 – 10: Record of Contact in OneSchool

<input type="checkbox"/> APPROVED New due date: ____ / ____ / ____ Year 11 & 12 only <ul style="list-style-type: none"> ▪ Documented as "Support Provision" in OneSchool ▪ Provision Name: Illness and Misadventure ▪ Provision Type: School ▪ Provision Target Area: Curriculum ▪ Contact Person: HOD making the decision (HOD NAME) ▪ Application scanned and attached 	<input type="checkbox"/> NOT APPROVED <ul style="list-style-type: none"> ▪ Documented as "Contact" in OneSchool
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Original application: kept on student file in main office
Copy given to classroom teacher for inclusion in student assessment folder

HOD Signature:	Date:
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