St Mary’s High School
Assessment
Illness/Misadventure Form

☐ Student absence on day of assessment task
   Note: This form must be completed 3 school days prior to a planned absence or brought to school on the first day of attendance after an unexpected absence.

☐ Student request for an extension of time
   Note: This should be requested at least 3 school days prior to the due date.

☐ Special consideration
   Note: Special consideration may be applied for following an illness/misadventure if it is believed the illness/misadventure has/will impact the student’s results for an assessment/examination.

Note: Students should submit any evidence such as drafts or notes to validate a claim. Technology malfunction is not usually viewed as a satisfactory reason for late submission. Students should keep back-up copies at all times.

Student Name: _____________________________________________ Course: ______________________

Task/Assignment: __________________________________________________________________

Due Date: ________________ Date requested for extension (if applicable) ________________

I was absent from school on the date of the assessment for the following unavoidable reasons OR I certify that the extra day(s) are required to complete the assignment for the following reasons:

I was absent from school on the date of the assessment for the following unavoidable reasons OR I certify that the extra day(s) are required to complete the assignment for the following reasons:

Documentary evidence attached (eg. medical certificate, funeral notice, notes, drafts) ☐ YES ☐ NO

Signed:_____________________________(Student) Date: ______________________

Signed:_____________________________(Parent/guardian) Date: ______________________

Recommendation / Approval

Recommendation: ________________________________________________________________

☐ Assessment to be re-scheduled Date of rescheduled task: ________________________

☐ Substitute task

☐ Estimate to be used

Studies Coordinator: _______________________(approved / not approved) Date: ________________________