Stage 4 - Illness and Misadventure Form

Section A – Appeal Details

Full Name: ___________________________________ Year and Roll Class: ________

Date Form Submitted: ____________________________

<table>
<thead>
<tr>
<th>Subject</th>
<th>Teacher</th>
<th>Assessment / Examination</th>
<th>Original Date Due</th>
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1) Did you attend the task/s?  Yes / No
   Details of the effect on my performance are: ____________________________________________
   _______________________________________________________________________________

2) Are you appealing due to illness***?  Yes / No  **Medical certificate is attached
   Date/s of Absence: ________________ Details: ______________________________________________________________________________________

3) Are you appealing due to misadventure*?  Yes / No  *Independent evidence is attached
   Details of the effect on my performance are: __________________________________________
   _______________________________________________________________________________

- I consider that my assessment or examination performance will be / was affected by misadventure or an illness which occurred immediately before or during the assessment/ examination(s) as set out above.
- I declare that all the information I have supplied is true and have attached appropriate documentation.

This is an appeal for:  ☐ Special Consideration  ☐ An Estimate  ☐ An Alternate Task
☐ To submit/sit the task on an Alternative Date: ________________________________

Student Sign: ___________________ Parent Sign: ___________________ Date: __________

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(to be detached and kept by the student)
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Section B – Decision Details

Outcome: Approved / Declined DP Sign: ___________________ Date: __________

Comment: __________________________________________________________________________

__________________________________________________________________________________

Notifications:  ☐ Student/Parent  ☐ Staff/Executive  ☐ LST  ☐ Year Adviser: ______________
☐ File  ☐ Entered by ___________________ Sentral #: ______________