



St Benedict's

CATHOLIC COLLEGE

St Benedict's Catholic College. PO BOX 805, Camden. 2570

Ph: 4631 5300 Fax: 4631 5350

info@sbccdw.catholic.edu.au / www.sbccdw.catholic.edu.au

ASSESSMENT TASK ILLNESS/MISADVENTURE APPEAL FORM

Complete this form if you have a valid reason for a late submission or absence from an assessment task.

Present this form to the Director of Learning and Teaching as soon as the need is determined. This may occur prior to the submission date or on the first available occasion after returning to school.

Documentation to support the request should be attached to the form. It should not be assumed that the request will be successful. Students who are absent during the examination period must also contact the Year Coordinator on the day of the missed examination. If multiple assessment tasks have been affected, add these to a separate sheet.

Student name:	Academic care:	Date:
Subject/course:		Teacher:
Assessment task:		Due date of assessment:
Nature of task:	<input type="checkbox"/> In-class task or test <input type="checkbox"/> Hand-in task <input type="checkbox"/> Formal examination	
Reason for appeal:	<input type="checkbox"/> Illness <input type="checkbox"/> Misadventure	
Explain how the illness or misadventure has prevented you from submitting this task on the due date or prevented your attendance on the day of the in-class task/examination.		
Documentation submitted:	<input type="checkbox"/> Independent evidence of illness <input type="checkbox"/> Independent evidence of misadventure	
Student signature:	Date:	
Parent/Guardian name:		
Parent/Guardian signature:	Date:	

ASSESSMENT TASK ILLNESS/MISADVENTURE INDEPENDENT EVIDENCE

As independent evidence of the illness or misadventure, please ask a Doctor or Health Care Professional to complete this section.

Student name:	Date:
Date of illness/misadventure onset:	Duration of illness/misadventure (in days or hours):
Medical diagnosis (if applicable):	
Date(s) and time(s) of consultation(s) related to the illness/misadventure:	
Were you a witness to any events:	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, how did you obtain the information you are providing?)
Please explain/describe how the student's condition/symptoms could impede the student's performance in this task (please use the other side of this form if more space is required):	
Doctor/Professional name:	Doctor/Professional contact number:
Doctor/Professional signature:	