WHEN TO USE THIS FORM

This form is to be used if, on the day an assessment task is due,

- you were absent from school for a legitimate reason
- you know in advance you are going to be absent from school
- un-foreseen circumstances prevented you from submitting or completing the task.

In the case of illness, a medical certificate should be provided stating clearly: the date of the onset of the illness, plus any additional dates of consultation, a description of the student’s symptoms, an indication of the duration of the condition and the likely impact of the condition on the student’s performance on the task.

In cases requiring an extension of time (e.g. misadventure) this form should indicate: the date, time and duration of the occurrence and subsequent events, a description of the occurrence and details attached from an independent person where relevant (e.g. police, counsellor, doctor etc.)

This form must be returned to your teacher on the first day back after absence from school. Applications for extensions of time for legitimate reasons must be submitted before the due date with sufficient time for the application to be processed.

STUDENT AND PARENT TO COMPLETE THIS SECTION

(Please ensure you have read the instructions above. If this space is insufficient, please attach a separate sheet)

Tick to indicate the nature of the application:  
- Missed  
- Extension  
- Late

Student’s Name: ____________________________  Year: _____  Course:  
- ROSA  
- Preliminary  
- HSC

Subject: ____________________________________     Teacher: __________________________________

Name of Task: ___________________________________________            Due Date: _____ / _____ / _____

Reason: (Parent to complete)                           Evidence Attached (e.g. Medical Certificate):  
- Yes  
- No

(In the case of illness, a medical certificate must be attached)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Name:      ____________________________________            Contact details:   ________________________

Parent Signature: ______________________________                                       Date:    _____ / _____ / _____

SCHOOL USE ONLY

Teacher’s Recommendation:  ________________________________________________________________

Teacher’s Name and Signature: _____________________________________           Date: ____ / ____ / ____

Head Teacher’s Decision:                                                                         Approved                     Declined

Details:__________________________________________________________________________________

HT decision communicated to student:_________________________________________________________

Head Teacher’s Signature: _____________________________________             Date: _____ / _____ / _____