



WINMALEE HIGH SCHOOL

Application for Illness, Accident, Misadventure Form

YEAR 10 Assessment Tasks

This form is to be completed and given to the subject Head Teacher within **48 hours** of your return to school if you apply:

- (i) For an **extension of time** on an assessment task, prior to due date; **OR**
- (ii) For **special consideration** because a task **has not** been submitted / **has not** been completed on the due date; **OR**
- (iii) Non-attendance to examinations

STUDENT NAME: _____ YEAR: _____

CLASS TEACHER: _____ SUBJECT: _____

ASSESSMENT/EXAMINATION TASK TITLE: _____

DATE DUE: _____ DATE SUBMITTED: _____

DATE SCHOOL ADVISED OF MISADVENTURE: _____ by (name) _____

ACTION REQUESTED: Extension of Time Special Consideration Opportunity to sit task at new date
(Attach all supporting documentation such as medical certificates, include evidence of work in progress if applying for an extension of time)

STUDENT REASON FOR APPLICATION

(Completed by student, signed by parent before completion by Head Teacher)

STUDENT SIGNATURE: _____ PARENT SIGNATURE: _____

RECOMMENDATION BY HEAD TEACHER (all original documentation attached):

- Application successful – mark to stand or student given opportunity to complete alternate task at a negotiated time/ date.
- Application successful - Extension granted until ___/___/___.
- If task not submitted on this day a zero mark will apply.
- Application successful - Estimated mark to be given. Note: This mark will not be finalised until the end of the course based upon performance across the course.
- Application unsuccessful – no extension granted.
- Zero mark awarded – reasons not substantiated/Assessment Policy not followed. (Task must still be submitted).

Head Teacher: _____ DATE: _____

Class Teacher: _____ DATE: _____

APPROVED:

Deputy Principal _____ DATE: _____

Office: Entered Sentral - Incident # _____ Date entered _____ Copy HT Copy Class Teacher File



WINMALEE HIGH SCHOOL

Application for Appeal related to an Illness, Accident, Misadventure Application

YEAR 10 Assessment Tasks

STUDENT NAME: _____ YEAR: _____

COURSE: _____

ASSESSMENT TASK TITLE: _____

CLASS TEACHER: _____

STUDENT REASON FOR APPEAL

STUDENT SIGNATURE: _____

This form needs to be submitted to the supervising Deputy Principal/ Principal.

DECISION AND ACTIONS BY APPEAL COMMITTEE *(all original documentation to file):*

- Appeal upheld – mark to be reinstated. Student provided with an opportunity to redeem task at a negotiated time and date.
- Appeal declined – Zero mark to stand. Assessment policy not followed.
- Zero mark awarded – reasons not substantiated/Assessment Policy not followed. *(Task must still be submitted)*
- Appeal documentation placed in student file. *(Front Office)*
- Letter sent to student and parent/carer stating basis for appeal committee decision.

SIGNATURE (Appeal Committee member): _____ DATE: _____