



Illness / Misadventure Application Form

A STUDENT:

Complete this section and hand it to your teacher if you are applying for an extension in advance, handing a task in late, if you were absent on the day the task was administered or if any other issue negatively impacted on your performance in this task.

Name:..... Subject / Class.....

Year : Assessment Task:

Class Teacher:

Date Task Due: Date Submitted:

Type of Task:

Reason for Application:

.....

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Supporting documents attached:

Student's signature: Date

Parent's signature: Date

B TEACHER: Please add the following information and hand the form on to the KLA Coordinator

Date received :

Previous history:

Teacher comment :

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Recommendation:

Teachers Name:

Teachers Signature: Date:

C KLA COORDINATOR: Please indicate the decision made about the application.

KLA Coordinators Name:

Decision Estimate / Zero

Optional Comment:

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KLA Coordinators Signature: Date:

Director of Academic Care: Date: