



Alexandria Park Community School

Student Illness/Misadventure Application

Name: _____ Class: _____ Course: _____
Assessment Task: _____ Date of Task: _____

Reasons for Application:

- Absent from assessment task, or absent when an assessment task was due (due to illness or exceptional circumstance)
- Special consideration (due to illness/misadventure/exceptional circumstances leading up to an assessment task, or on the day of an assessment task)

Reasons supporting application (to be completed by the student):

I have attached (please tick and complete relevant information):

- Medical Certificate from Dr. _____ Dated: _____
- Supporting letter from my parent/carer
- Other (please describe) _____

Signature Student: _____ Date: _____

Signature Parent: _____ Date: _____

Please return to the **Head Teacher** no later than 3 days after the scheduled date of the Assessment Task.
*When your absence/late submission is known before the date of the task, the **Extension application (page x)** must be submitted to the Head Teacher **BEFOREHAND***

Endorsement

Class Teacher: Yes No Signature: _____ Date: _____

Head Teacher: Yes No Signature: _____ Date: _____

Signed: _____
Principal/Deputy Principal Head Teacher Teacher