**Section A: Student Submission**

Students are asked to complete and submit this form or have a copy accompany a written note from a parent or carer in request of consideration for illness or misadventure regarding an assessment.

**Name:** ..................................................  **Course:** ..................................................  **Year:** ........

**Task Number:** ..........  **Description:** .................................................................................................................................

**Date Scheduled:** ....................  **Class Teacher:** .................................................................

**Reason for the Application:** (State details and attach supporting documentation)

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**Medical Certificate/other supporting evidence is attached:**  Yes □  No □

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**Student’s signature**  **Date**  **Parent/Caregiver’s signature**

*Students are responsible for consulting their teacher for the outcome of their application*

**Section B: Staff Consultation**

**Date Received by Teacher:** ..................................................

**Class Teacher/Head Teacher Recommendation:** .................................................................................................................................

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**Head Teacher’s signature:** ..................................................  **Date:** ...........................................