**Merewether High School**  
**Yr 7-10**  
**Application for Consideration – Illness/Misadventure**

### 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)

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

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

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### Section B: Staff Consultation

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

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

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