

FORSTER CAMPUS

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Misadventure Form

Confidential:

Students are responsible for the completion of the misadventure from. Complete each of the steps 1-3

Application for special consideration:

If illness, accident, misadventure or special circumstances prevent a student from completing a set task on or by the due date, the school must be advised immediately the situation is known and on the day of returning to school, this form must be completed and returned to the Head Teacher of the subject affected.

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Medic	al Certificate from		(Doctor) attach a copy
If the			dorsement of the Principal, a DP or
	Illness	Accident/Misadventure	Procedure
Due to	0		
	Absence	Non-Completion	Under-achievement
5. R	eason for this application:		
4. D	vate Due://		
3. A	ssessed Task:		
2. C	ourse:	Teacher:	
		Year:	Roll Class:
Step 1			

Step 2 Subject Faculty: 1. Head Teacher's Recommendation: ☐ Supported ☐ Not supported 2. Decision: Extension of time without Penalty Set a substitute task Completion Date __/__/__ Give an estimate based on the evidence Insufficient cause, assessment, assessment confirmed. Student's signature: (Comments Optional) Signed:.....(Head Teacher) **Step 3** (A student may appeal the decision in step 1) Present the completed form to: The Principal or Deputy Principal Supported 🔲 Not supported

Senior Executive Signature

File Date