



Kotara High School Illness/Misadventure Form

all forms must be returned on the first day of a child's return or a maximum of 5 school days, whichever is sooner

Student Section

Student Name: _____ Year: _____ Subject: _____

Task: _____ Date of Task: _____

Reason: (attach any documentary evidence to support your request)

I hereby request (a) extension of time (b) estimate (circle)

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

Classroom Teacher Section

I have noted the above request and recommend the following action:

Teacher signature: _____ Date: _____

Head Teacher Section

I have noted the above request and recommend the following action:

Head Teacher signature: _____ Date: _____

Deputy Principal/Principal Section

Based on the above recommendations I have granted the student:

- Estimate based on all other assessment tasks.
- Extension of time granted until _____
- Zero mark to be given.
- Show as non-attempt. 'N' Award Warning to be issued
- Other

Deputy Principal/Principal signature: _____ Date: _____