

Email: karabar-h.school@det.nsw.edu.au Website: karabar-h.schools.nsw.gov.au

Illness/Misadventure Application Form

Submit at time of illness/misadventure but no later than 48 hours (two school days) after the due date

 Student Name:
 Course:

 Teacher:
 Task Name:

 Date Due:
 Date of submission of request form:

 Course Teacher/Head Teacher contacted
 Date of this contact:

 If your application is highly confidential or sensitive in nature you may contact the Principal directly

 Nature of request (please select):
 ILLNESS
 MISADVENTURE

Please provide details and attach independent evidence to this form:

Student Signature:	 Date:
-	

Parent/Caregiver Signature: _____ Date:

PART 2 – STAFF ONLY Illness/Misadventure Application Form

STEP 1 – Head Teacher	
Student name:	Task name:
Course:	Faculty:
□ Not Supported	Supported (GO TO STEP 2)
\Box Insufficient cause demonstrated – zero mar	ks awarded
'N' Warning letter sent	
\Box Student informed and recorded	
Additional comments:	
STEP 2 – Decision	
New date to complete substitute task	New Due Date:
New date to complete/submit the same tas	k New Due Date:

Exempt from task

Student informed of decision Recorded

Additional comments:

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Signed:	 (Student)		
Signed:	 	(Head Teacher)	Date:

STEP 3 – Right of Appeal to Deputy Principal

A student has the right to appeal the decision made in Step 1. The student must present in writing **explicit reasons/any new evidence** for appealing the Head Teacher decision and submit this written appeal to the **Deputy Principal** (within 48 hours of the Head Teacher decision).

Deputy Principal Decision	Appeal Supported	Appeal Not Supported
Additional comments/reasons:		

Student informed	Head Teacher informed	
Signed:	(Student)	
Signed:	(Deputy Principal)	Date:

STEP 4 – Right of Appeal to Principal

A student has the right to appeal the decision made in Step 3. The student must present in writing **explicit reasons/any new evidence** for appealing the Deputy Principal decision and submit this written appeal to the **Principal** (within 48 hours of the DP decision).

Principal Decision	Appeal Supported	Appeal Not Supported
Additional comments/reaso	ns:	
Student informed	Head Teacher informed	Deputy Principal informed
Signed:	(Student)	