Stage 6
Illness/Misadventure Form

Students are to use this form when they have been unable to submit an assessment task by the due date and have legitimate reasons to support their late submission.

1. Students must submit this signed form to the relevant teacher for approval as soon as practical.
2. If approval is granted, the student must acknowledge the revised due date and note it in their records.
3. The teacher will record the revised date on Edumate.
4. Students will be expected to complete/submit their task by 9:00am on the revised date.
5. If the revised date is missed the standard consequences will apply for a late task, ie N-Determination warning.

For a detailed overview please consult the ‘Assessment Guideline section’ in the student Assessment Handbook.

Student Section (Please fill out all details)

Student Name: ________________________________ Teacher: ________________________________

Today’s Date: ________________________________ Task Name: ________________________________

Task Name: ________________________________ Original due date: ________________________________

Reason for late submission or requested extension (please supply a medical certificate if illness is relevant):

________________________________________________________________________________________

________________________________________________________________________________________

This is a true and valid account:

Student signature ________________________________ Date ________________________________

Parent/Guardian signature ________________________________ Date ________________________________

COLLEGE USE ONLY

Teacher Section (Complete all details and enter this on Edumate as a note then forward form to Director of Learning Innovation)

Approved □ Declined □ Revised due date: ________________________________

Teacher signature ________________________________ Date ________________________________

Director of Learning Innovation signature ________________________________ Date ________________________________

Student Receipt

Student Name: ________________________________ Teacher: ________________________________

Task: ________________________________ Revised due date: ________________________________

Director of Learning Innovation signature: ________________________________ Date: ________________________________