



Catherine McAuley
Catholic College
MEDOWIE

Assessment – Illness / Misadventure Variation Form Years 9 - 10

NB: A new form is required for each individual task.



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Section 1: To be completed by the student and signed by their parent or guardian.

Please complete this form at least three (3) days prior to the due date for extension of time requests.

If request is due to illness, accident or misadventure this form is to be completed within 2 days of returning to school.

Name: _____

Year: _____

Subject: _____

Teacher: _____

Task Name: _____

Due Date: _____

Reason for Absence/Request for additional time:

Student Signature: _____

Parent Signature: _____

Date: _____

Date: _____

Once signed above, the student takes the form to their class teacher and the Leader of Learning for action.

Section 2: To be completed by the Class Teacher and Leader of Learning

Class Teacher: _____ Signature: _____ Date: _____

Resolution/Decision: Accepted/Rejected

Action taken:

Leader of Learning Name: _____ Signature: _____ Date: _____

Additional Comments:

Once all sections are completed and signed, student is to take the form to Student Services