



Catherine McAuley
Catholic College
MEDOWIE

Assessment – Illness / Misadventure Variation Form

Years 11 – 12



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Please complete, sign, and submit this form to Student Services

Tick one of the following boxes

Illness / Misadventure – Unforeseen absence on the day of a task

Submit this form on the FIRST school day of attendance after the due date of the task.

Illness/Misadventure – During an assessment task

Submit this form on the DAY OF THE TASK or the FIRST school day of attendance after the task.

Assessment Variation – Extension request for task submission

Submit this form at least THREE SCHOOL DAYS prior to the due date of the task.

Assessment Variation – Change of date for in-class task (foreseen absence) Submit this form at least THREE SCHOOL DAYS prior to the due date of the task.

Section One: To be completed by the student

Student Name: _____ **Year:** _____ **Date:** _____

Course: _____ **Assessment Task Number:** _____

Due Date: _____ **Class Teacher:** _____

Reason for the submission of the Illness/Misadventure/Variation form:

The following actions must be completed by the student.

College notified of the issue on _____ (please insert date) Supporting

Parent/Guardian letter attached

Appropriate independent evidence attached (e.g Medical Certificate etc)

Student Signature: _____ Date: _____

Parent/Carer Signature: _____ Date: _____

Section Two: To be completed by the Leader of Learning and Assistant Principal:

- Application upheld – Student to attempt task on a date specified by the Leader of Learning
- Application upheld – Student to attempt substitute task on a date specified by the Leader of Learning
- Application upheld – Extension of time granted; new due date _____
- Application upheld – Student to be awarded the higher result of their original attempt or the estimate of the Leader of Learning
- Application upheld – task completed; marks to be given consideration at end of course final assessment
- Application declined

Reason:

Leader of Learning Signature: _____

Date: _____

Assistant Principal Signature: _____

Date: _____