



MISADVENTURE FORM (10-12)

Confidential

Students are responsible for the completion of Page One of the Misadventure Form and to ensure that it is handed to the Faculty Head Teacher. It is the student's responsibility to follow upon the outcome of this application.

- If applying for misadventure due to illness or misadventure on the day of an in-class task, this form must be completed and returned to the Faculty Head Teacher within 2 school days of returning to school.
- If applying for misadventure for ongoing reasons which have affected your performance on an assessment task, this form should be submitted to your teacher 5 school days BEFORE the due date.

STEP ONE – student to complete

Name:		Year:	
Course:		Teacher:	
Task:		Date Due:	

Reason for this application: *(Tick appropriate)*

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Seeking extension | <input type="checkbox"/> Absence | <input type="checkbox"/> Non-completion | <input type="checkbox"/> Under-achievement |
| due to... | | | |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Accident/Misadventure | <input type="checkbox"/> Procedure | <input type="checkbox"/> Special circumstances |

Details:

Attach supporting documents such as medical certificates. The signature and endorsement of the Principal, DP or counsellor may be substituted for details in this part.

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Medical Certificate from _____ (doctor)

Attach a copy.

_____	_____	_____	_____
Signature of student	Date	Signature of Parent/Guardian	Date

STEP TWO – Faculty to complete

1. Class Teacher’s comment:

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2. Head Teacher’s Decision:

<input type="checkbox"/> Supported
Resolution Agreement: <i>(Tick outcome)</i>
<input type="checkbox"/> Extension of time without penalty, OR
<input type="checkbox"/> Set a substitute task, OR
<input type="checkbox"/> Give an estimate based on the evidence, OR
<input type="checkbox"/> Modify requirements of current task
<input type="checkbox"/> Other: _____
New Completion Date: _____ <i>(if applicable)</i>

OR

<input type="checkbox"/> Not Supported
<input type="checkbox"/> Issue N-warning letter (task not submitted), OR
<input type="checkbox"/> Send zero-mark letter (task submitted late), OR
<input type="checkbox"/> Original due date remains (extensions not supported), OR
<input type="checkbox"/> Original mark remains (under-achievement not supported)
<input type="checkbox"/> Other: _____

Head Teacher Comments:

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Signed: _____ (Student) _____ (Head Teacher) _____ (Principal)

Note: This misadventure form is to be filed in the relevant Monitoring Folder and a copy placed in the students file.

STEP THREE – APPEAL TO PRINCIPAL – Student to complete

A student may appeal the decision in Step 2. Outline reasons for appeal below:

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Principal’s Decision	<input type="checkbox"/> Supported	<input type="checkbox"/> Not Supported
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Principal Signature: _____

Date: _____