



MARSDEN HIGH SCHOOL

Illness/Misadventure Application

This form must be used for all Illness/Misadventure Applications.

Applications to be handed to the relevant Head Teacher no later than 2 school days after the task.

Student Name: _____ **Date:** _____

Course: _____ HSC or Prelim

Date of Task: _____ **Task attempted:** (circle one) Yes/No

Name of Task: _____ **Teacher's Name:** _____

What is the reason for this application?

- Illness (complete form A)
- Misadventure (complete form B)

Student statement outlining details of impact on performance: (Describe how illness or unforeseen misadventure affected your performance or prevented your attendance)

- Supporting evidence attached. (e.g. MHS Doctors Certificate) (circle one) Yes/No
- Did you have Disability Provisions? Yes/No
- Did you notify Marsden High School on the day that you missed the task? Yes/No

Head Teacher Signature _____ Date: _____
(HT no later than 2 school days after the task)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Entered on Sentral

Original to: Student File in Front Office



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Other Evidence of Misadventure

This form should be completed by a student who has experienced an unexpected circumstance that has led to absence from an assessment or believes that circumstances immediately prior or during examination have led to a diminished result. E.g. Death in the family.

Student name:	
Date of misadventure:	
Please describe in your own words, the misadventure that has been experienced. Include as much detail about the circumstances, answering the questions: what, where, how, and why the event or situation (as per prompts below) has affected their assessment performance or ability to complete.	
What happened?	
Where and when did it occur?	
How did this impact your ability to complete the task?	
Student's Signature:	
Parent's signature:	



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Form A – Medical Certificate

This side of the form can be used to support Illness/Misadventure Applications.

To be completed by a health professional or other professional who is not related to you

The school requires a student to notify their doctor that they are using this medical certificate to claim illness or misadventure for a scheduled assessment task or requesting time off school immediately before an assessment task. If your stamp, including provider number, is not used on this certificate, your practice may be contacted to verify its validity.

Doctor's Name/Stamp: _____ Date: _____

Address: _____

I, _____ a legally qualified medical practitioner certify that on the above date,

I examined _____ (Patient's Name)

The patient is suffering from: _____

The patient is suffering from a medical condition of a confidential nature.

(Diagnosis provided with patient's consent where possible)

In my opinion this condition will affect the completion of the following: (please tick)

	In a minor way	Moderately	Severely
Class attendance			
Written Assignments			
Practical Assignments			
Private Study			

For the period/...../20..... to/...../20.....

Examinations: I certify that the student is medically unfit to sit for examination/s on:

Other remarks:

Signature of Medical Practitioner: _____

Place Stamp here
