Attachment A:

Kingsgrove High School (Request for Consideration)
HSC Course Illness/Misadventure Application
(Please supply to the Assessment Co-ordinator)

Student Name: ___________________________  Course ____________  Teacher: ___________

Name of Task: ___________________________________________  Date Task Given: _____________

Date Task Due: ___________________________  Weighting (%) _______________

Tick as appropriate
☐ Medical Certificate attached
☐ Other verification (please specify) ______________________________________________________

Student’s comment
(Describe in detail the nature of the issue that affected your ability to complete or submit this assessment task).
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Student signature: ___________________________  Date: __________________

Parent/Caregiver’s support comment:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Parent/Caregiver signature: ___________________________  Date: __________________

Head Teacher/Nominee Name: ___________________________  Date: __________________

Tick as appropriate
☐ Task/Alternative task was completed/submitted on  Date: __________________
☐ Task/Alternative task to be completed on  Date: __________________
☐ Mark Pending
☐ Zero Mark

Head Teacher’s Recommendation
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Head Teacher’s signature: ___________________________  Date: __________________

To be completed by Assessment Co-ordinator: Name: ___________________________

Outcome:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Assessment Co-ordinator signature: ___________________________

Date Stamp Application received by the Assessment Co-ordinator

Copy to:  ☐ Student/Parent/Carer copy  ☐ Student file  ☐ Relevant HT/CT/DP/YA emailed
☐ Recorded in Excel  ☐ Scanned in folder