



HSC Preliminary

Submit to Curriculum Coordinator

Year 10 Year 9 Year 8 Year 7

Submit to KLA Coordinator

Student's Name: _____ Homeroom: _____

Subject: _____

Teacher: _____

Name of assessment task: _____

Due date of task: ___/___/___

Has the task been submitted? Yes No

What is the nature of your request?

- Consideration for extension of time
- Acceptance of late submission
- Other (please state) _____

Reason for the request?

Attach any supporting documentation.

Eg Doctor's Certificate

Student's signature: _____ Date: ___/___/___

Parent signature: _____ Date: ___/___/___

(office use only)

Comments: _____

- Alternative assessment task to be set
- Extension of time granted until _____
- Evaluate mark at the end of the course
- Estimate mark based on similar tasks
- No credit for this task (Warning Letter to be sent)
- Documentation required _____
- Student informed of decision. (If alternate task or extension the new date is in their diary)

Coordinator: _____

Name

Signature

Date

Illness and Misadventure Form