



ST PATRICK'S COLLEGE

Student Illness/Misadventure Form

(Years 7 - 12)

Student Name: _____ PC Class: _____

I/We wish to submit an Illness/Misadventure form for the following subjects:

Subject	Subject Teacher	Task No	Due Date of Task

My/Our lodgement is supported by the following documentation (attach relevant supportive documentation)
(Please tick the appropriate)

- Medical certificate (preferable for all years, mandatory for Years 10, 11 & 12)
- Parental letter of explanation (Years 7, 8 & 9 only)
- Other evidence (please specify)

I/We have read and understood the relevant College Assessment Handbook surrounding illness/misadventure and the submission/sitting of assessment tasks. I/We believe that the supportive documentation (attached) meets the requirements for the lodgement of an illness/misadventure.

Student Signature: _____ Parent/Guardian Signature: _____

Date of Submission: / /

Outcome *(College use only)*

(original retained by co-ordinator or Director of Studies for Years 10, 11 and 12, copy issued to student)

(please tick the appropriate)

- Task will be marked in equity with cohort
- Task will be marked and mark will be validated upon completion of assessment program
- Task will be marked, however, late penalty will apply (Years 7 & 8 only)
- Task will be sat on the following date: / / mark will be validated upon completion of assessment program
- An alternative task will be/has been organised *(see attached documentation)*
- Extension has been granted. New submission date is : / /
- Student is exempted from the task *(Direct or of Studies decision only)*
- The evidence submitted with this lodgement is either not sufficient or does not comply with the guidelines provided in the relevant College Assessment Handbook. Zero award will be issued.

Co-ordinator Name: _____ Co-ordinator Signature: _____

Director of Studies Signature: _____ Date: / /
(Required for Years 10, 11 & 12)

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STUDENT ILLNESS/MISADVENTURE RECEIPT

- *To be returned to student upon receipt of lodgement.*
- *The student is to retain this receipt until the completion of the published assessment period*

Student Name: _____ Receiving Teacher/Co-ordinator: _____

Subject: _____ Teacher/Co-ordinator Signature: _____

Date Received: : / /