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:

<table>
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<tr>
<th>Subject</th>
<th>Subject Teacher</th>
<th>Task No</th>
<th>Due Date of Task</th>
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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)

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: / /