

Katoomba High School

Illness / Misadventure Report

Ensure appropriate documentation is attached.

Return to: *Formal Examinations to Student Adviser within 3 days of examination;
Assessment Tasks to Head Teacher on the first day of return to school after due date.*

Name _____ Year _____ Roll _____

Examination / Assessment Task _____ Faculty _____

Date of Examination / Assessment Task _____

Did you attend the Examination / Assessment Task Yes No

Type of Report

(Tick appropriate box)

Illness

Medical Certificate must be attached

Misadventure

Appropriate documentation verifying misadventure must be attached

Outline details of the circumstances that have adversely affected either your performance or attendance at an examination.

Examination Supervisor's / Teacher's comments and/or observations (if applicable)

Name of Supervisor _____ Signature _____

Student's Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Student Adviser or H/T Signature _____ Date _____

Comments _____

Office Use Only

Determination:

Approved

Not Approved

Principal's or Head Teacher's Signature _____ Date _____

(Principal to sign for Examination. Head Teacher to sign for Assessment Task)

Copies to _____

Original to be placed on student's file