



Maitland Grossmann High School

Appendix A- Illness/Misadventure Form

Student section

Student name: _____ Year: _____ Subject: _____

Task: _____, Date of Task: _____.

Reason extension/estimate/new date is required: (Documentary evidence from Parent/Doctor should be provided, if you are claiming illness- in line with Board of Studies requirements.)

I hereby request an extension of **time/new date/forward** date to complete the task

Student signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____

Class Teacher Section

I have noted the above request and have/have not recommended the following action:

Details: _____

Teacher signature: _____ Date: ____/____/____

Head Teacher Section

Based on the above recommendation I have/have not granted the student:

Details: _____

Head Teacher signature: _____ Date: ____/____/____

Deputy Principal Section

Based on the above recommendation I have/have not granted the student:

Details: _____

Deputy Signature: _____ Date: ____/____/____

Revised due date of task- to be issued to student: Student name: _____

Decision made: _____

Date: ____/____/____ Signature: _____