



# Assessment Misadventure Application Form

Today's Date: \_\_\_\_\_ Task Due Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Year group: \_\_\_\_\_

Course: \_\_\_\_\_ Teacher: \_\_\_\_\_

Task concerned: \_\_\_\_\_

Did you complete this task: Yes / No (please circle)

What is the nature of your misadventure / issue? (please tick)

Illness

Other

Details : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Documentation provided: Yes / No

(examples include medical certificate; funeral notice; police report; statutory declaration; letter)

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

## Outcome – to be completed by Deputy Principal in consultation with relevant Head Teacher.

Head teacher Recommendation: \_\_\_\_\_

Head Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DP Decision:	Sit task at alternative time	Estimate	Alternative task	Application Rejected (zero mark awarded)
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New date / time: \_\_\_\_\_

Deputy Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Communicated to:  Teacher  Head Teacher

Copies of this completed document (incl. attachments) go to: DP, Head Teacher, Teacher