

# Newtown High School of the Performing Arts



## Illness/Misadventure Form

Name: ..... Course: ..... Year: .....

Name of Assessment Task: ..... Nature of Task: (Please circle) Examination,  
Performance, Assessment Task No..... Performance, Practical Task, Speaking Task,  
Task, Weighting: ..... Written Task, Viewing Assignment, Research  
Date Due: ..... Activity, Portfolio, Field Work.  
Class Teacher: .....

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### Section A

*To be completed by the student*

Outline reasons for this application for Illness/Misadventure and attach relevant documentation.

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.....  
.....

Medical and other relevant documentation attached

Parent/Carer Signature: ..... Student Signature: .....

Date: ..... Date: .....

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### Section B

*To be completed by the Head Teacher*

Head Teacher's Name: ..... Faculty: ..... Course: .....

Receipt date of Illness/Misadventure form: .....

Task submitted/completed  Yes  No Date Completed: .....

Date of rescheduled task: .....

Comments:

HT Signature: .....

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### Section C: Proposed Action

*To be completed by the Assessment Review Committee*

#### Resolution

Rescheduled

Penalty

Other