



JOHN EDMONDSON HIGH SCHOOL

PRINCIPAL: Mr Brij Khanna

Illness / Misadventure Form Years 10 – 12 APPLICATION FORM

Name: _____ Phone: _____

Course/Subject: _____

Teacher: Class: _____

Task: _____

Due Date: _____ M / T / W / T / F (please circle)

Reason for request for consideration: _____

Student Signature: _____ Date: _____

Supporting Documentation: YES / NO (please circle) Eg Doctor's Certificate

How has the reason provided affected the completion of the task? _____

Parent Signature: _____ Date: _____

Teacher Comment: _____

Teacher Signature: _____ Date: _____

Approval: YES / NO

Explanation: _____

New submission date (if applicable): _____

Head Teacher Signature: _____ Date: _____

Year 10 ROSA – Zero will apply for tasks submitted late.

Stage 6 – Zero will apply for tasks submitted late.



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PART A

Independent Evidence of Illness

Diagnosis of Medical Condition: _____

Date of onset of illness: _____

Date(s) and time(s) of all consultations related to illness: _____

Please describe how the student's condition / symptoms could impede their performance in the relevant task:

Name of Doctor or Health Care Professional: _____

Profession: _____ Place of Work: _____

Address: _____

Contact No: _____ Signed: _____ Date: _____

PART B

Independent Evidence of Misadventure

Date of event causing misadventure: _____

Were you a witness to the event? YES / NO (please circle)

If **NO**, how did you obtain the information you are providing? _____

What is your relationship to the student? _____

Describe the event: _____

Name: _____ Profession: _____

Contact Number: _____ Signed: _____ Date: _____

Location: 64 Horningsea Park Drive, HORNINGSEA PARK NSW 2171

Postal: PO Box 679, HOXTON PARK NSW 2171

Telephone: (02) 9825 9815 • **Fax:** (02) 9825 9857

Email: jedmondson-h.school@det.nsw.edu.au

Website: www.jedmondson-h.schools.nsw.edu.au



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