



JOHN EDMONDSON HIGH SCHOOL

Illness / Misadventure Form Years 10-12

Application Form

Name: _____ Phone No: _____

Course / Subject: _____

Teacher: _____ Class: _____

Task: _____

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

Reason why you are applying for Illness / Misadventure: _____

Student signature: _____ Date: ____/____/____

Supporting Documentation: YES / NO (please circle)

Eg. Doctor's Certificate

How had 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 appropriate) ____/____/____

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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The person completing this form must not be related to the student.

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 Number _____ Signed _____ Date _____

PART B

Independent Evidence of Misadventure

Date of event causing misadventure _____/_____/_____

Were you a witness to the event Yes / No

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 _____