



Sickness/Misadventure Application Form

Before completing a Sickness/Misadventure form please read the following information carefully:

1. Has your performance in a school based examination been affected by a temporary sickness, non-permanent disability or unforeseen misadventure suffered immediately before or during the examination period?
2. Were you prevented from attending an examination due to sickness and/or misadventure?

If you answered YES to either, or both of these questions you should complete this form. The circumstances must have been beyond your normal control.

If your difficulties in sitting a school based examination is the result of any of the reasons listed below, then your circumstances fall outside the policy and guidelines for Sickness/Misadventure.

- Difficulties in preparation or loss of preparation time
- Alleged deficiencies in tuition
- Long term illness such as asthma and epilepsy – unless you have suffered an acute episode of your illness during the examination period
- The same grounds for which you received special examination arrangements
- Misreading the examination timetable
- Misreading the examination instructions
- Events related to other school based assessment
- Attendance at a sporting or cultural event

Note: acceptance of this form does not guarantee the student will be able to sit the examination at another time.

*** This form has been adapted from the Sickness/Misadventure information from the School Curriculum and Standards Authority and is used for School purposes only. Students, parents and care givers should consult the official documentation on the School Curriculum and Standards Authority website: www.scsa.wa.edu.au*

Section A - Students Details

Student Name: _____

Student Number: _____

Address: _____

Home Phone: _____

I declare that the information provided is true and correct to the best of my knowledge.

Parent/caregiver

Student

Date

Administration Use ONLY

Supporting Evidence Attached **Yes** **No**

Notes:

Application approved **Yes** **No**

If yes course of action will be:

If no reason is:

Manager Senior School signature:

Date:

Office Use Only

Deputy Principal

Manager Senior School

Original Student File

Letter Student/Home