NARRABEEN SPORTS HIGH SCHOOL



Absence from an Assessment Task and Illness/Misadventure Application

| Name: | Year: | Subject: | |
|--|--|-------------------------------|-----------------------------------|
| Date of Assessment Task: | Time of Ass | essment Task: | |
| Reason for inability to attend or submer misadventure you have suffered has affe submitting the task on time. Give details | ected your performance or p | revented you from attending | |
| (Additional pages may be stapled onto th | nis form or please turn over | and use the back if more spac | e is needed) |
| NOTE: Remember it is vitally important documentation you provide must be the Doctor's certificate the following 1. In the case of illness, the date additional dates of consultations. 2. The specific details of the illn health professionals should consumptions would impede the | current, specific to the da information is required: e of onset of the illness, d ion. ess/misadventure should describe the student's sym | uration of the condition, pl | the case of us any illness, |
| Signed: | • | ed: | |
| Student | | Parent/Guardi | |
| Step 2 – See the Deputy Principal – | - Curriculum/NESA Adm | inistrator | |
| Date Received:1 | Time Received: | | |
| Reason □ Satisfactory □ U | Jnsatisfactor y | | |
| Doctor's Certficate / Approval Doc | cumentation Attached | | |
| Signed: | | | |
| NESA Administrator | | | |
| itep 3– See the relevant Head Tead | cher(s) | | |
| Outcome: Student to complete tas | sk/substitute task or est | imate | |
| Date of Completion: | Signed: | | |
| | | Head Teacher | 20.000.000.000 |