



Request for Consideration

This form is to be completed to request consideration for an extension or a missed or late assessment task due to illness or misadventure. If illness or misadventure prevents a student from completing an Assessment Task on or before the due date, the school must be advised immediately as the situation is known, and the *Request for Consideration* must be submitted to the Head Teacher Pathways on the day of returning to school.

Section A (to be completed by the student)

Full Name: _____ Year: 10 11 12

Reason for absence/late submission/request for extension:

Medical certificate from (name of doctor): _____

OR nature of other independent evidence: _____

Student signature: _____ Parent/carer signature: _____ Date: ___/___/___

You must attach the Medical Certificate to this form.

Section B: See your Class Teacher or the Head Teacher

Course			
Teacher			
Nature of task			
Original due date			
Date the task will be/has been completed			
Teacher comment			
Teacher signature Date			

Section C: Take this form to the Head Teacher Pathways.

Date school advised of misadventure: _____ Person advised: _____

Request for Consideration decision: Accepted / Rejected Extension of time granted until: _____

Student required to complete alternate task. Yes No

Zero mark to be awarded for late submission with task to be completed. Yes No

Task is a non-serious effort Yes No

Head Teacher Pathways signature: _____ Date: _____

Decision communicated to: Parent, Student, Class Teacher, Head Teacher, and Sentral

Section D: Evidence

Campbelltown Performing Arts High School advises that students should attend examinations and submit assessment tasks as per the dates set by the school unless it is considered detrimental to their health. Students who are unwell or experience misadventure must seek independent medical advice either immediately before or after each task or examination, and then present the medical certificate to the Head Teacher Pathways upon their return to school.

The person completing Part I or Part II must NOT be related to the student.

Part I: Independent evidence of illness (to be completed by a medical practitioner)

Diagnosis of medical condition: _____

Date of onset of illness: ___ / ___ / ___

Date(s) and time(s) of all consultations/meetings relating to this illness: _____

Please describe how the student’s condition or symptoms could affect or may have affected their performance. Please provide full details in the space provided or attach to the application.

Any other comments or information which may assist in the assessment of the student’s appeal.

Name of doctor or other health professional providing this information: _____

Place of work: _____

Address: _____

Telephone: _____ Signature: _____ Date: ___ / ___ / ___

Part II: Independent evidence of misadventure (to be completed by a relevant person such as a police officer or counsellor)

Date of misadventure: ___ / ___ / ___ Were you a witness to the event? YES

If no, how did you obtain the evidence you are providing? _____

Are you known to the student? YES NO

If YES, what is the nature of the relationship? _____

Description of the event:

Name of person providing this information:

Profession: _____ Place of work / organisation: _____

Address: _____

Telephone: _____ Signature: _____ Date: ___ / ___ / ___