

Dulwich High School of Visual Arts & Design

Illness/Misadventure Form

Name: _____ Course: _____ Year _____ Roll _____

Name of Assessment Task: _____ *Nature of tasks (please circle) Examination,*

Performance, Assessment Task No _____ *Performance, Practical Task, Speaking Task,*
Written

Task, weighting _____ *tasks, Viewing Assignment, Research Activity,*

Date Due _____ *Portfolio, Field Work.*

Class Teacher _____



To be completed by the student **Section A**

Outline reasons for this application for Illness/Misadventure and attach relevant documentation. (eg medical certificate)

Parent/Carer Signature _____ Student Signature _____

Date: _____ Date: _____



To be completed by the Head Teacher **Section B**

Head Teacher's name: _____ Faculty _____ Course _____

Receipt date of illness/Misadventure form;

Task submitted/completed s o Date completed

Date of rescheduled task

Comments: _____

Resolution accepted

HT Signature



To be completed by Deputy Principal **Section C**

Resolution Accepted

Resolution Rejected

Comments

Deputy Principal Signature _____ Date: _____