



ROBERT TOWNSON HIGH SCHOOL

Application for Special Consideration – Illness/Misadventure - Year 7 and 8 Students

Student Name: _____

Roll Call: _____

Please outline below the circumstances for absence from an assessment task or submitting a task late. Please attach any medical certificates to this form as evidence of illness.

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Signature of Parent/Carer: _____

Date: _____

This should be forwarded to the **Head Teacher of the Subject**

Head Teacher / Deputy Principal Review

Date Received: _____

Outcome:

	Extension granted. Revised due date:
	Estimate to be given.
	Mark of zero to be awarded.
	Marks deducted.
	Refer to Assessment and Reporting team.
	Other:

Head Teacher/Deputy Principal Name: _____

Signature: _____

Completed request should be placed in the student file in the Front Office.