

Year 9-10 Application for Special Consideration – Illness
ROBERT TOWNSON HIGH SCHOOL

For appeals based on illness or other medical condition, this section will normally be completed by a doctor or other health professional. **This person must not be related to the student.**

Once completed, please return this form to the Head Teacher of the subject.

Student Name:

Diagnosis/medical condition:

Date of onset of illness or condition:

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

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Please describe how the student's condition/symptoms could impede their performance on this particular assessment task. *(If a student has been **unable to attend** an examination, it is imperative that you provide full detail in the space provided or on additional sheets and attach them to the application.)*

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Any other comments or information which you will feel will assist in the assessment of the student's application *(If there is not enough space, please attach additional sheets.)*

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Please note that any fee for providing this report is the responsibility of the student.

Name of doctor or other health professional:

Profession:

Place of work/organisation:

Address:

Contact Phone number :

Signed: Date:

Year 9-10 Application for Special Consideration – Misadventure
ROBERT TOWNSON HIGH SCHOOL

Please outline below the circumstances for absence from an assessment task, for reasons other than illness. This should be forwarded to the **Deputy Principal** for consideration.

Please outline the circumstances, including dates and times, to support this application for consideration of a missed task/due date.

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Name:

Relationship to Student (if applicable) :

Place of work/organisation:

Contact phone number:.....

Signed: Date: