



Woodward Street
PO Box 654, Orange NSW 2800
P (02) 6362 3444
F (02) 6361 3616
www.orange-h.schools.nsw.edu.au

Orange High School

APPENDIX C

ILLNESS/MISADVENTURE

Honour the Past, Create the Future

Preliminary Certificate Illness/Misadventure Form

Name:

Year:

Date:

Subject:

Teacher:

Assessment Task Number (As per Assessment Policy booklet):

Assessment Task Title:

*I apply for an extension based on the consideration of the following factors which may affect my performance in this Assessment Task. (**Documentary evidence must be provided**, except in exceptional circumstances)*

In applying for this special consideration, I assure the Principal that I am not seeking unfair advantage over other students in this course.

Student's Signature:

Parent/Guardian's Signature:

Recommendation of Teacher/Head Teacher:

Signature of Teacher/Head Teacher:

Recommendation of Assessment Committee: Application for Illness/Misadventure

Subject/Course:

Assessment Task Number:

Assessment Task Title:

Principal/Deputy Principal:

Assessment Coordinator:

Date:

This form is located: www.orange-h.schools.nsw.edu.au and then to the assessment tab.