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# Orange High School

APPENDIX C

ILLNESS/MISADVENTURE

*Honour the Past, Create the Future*

## High School 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](http://www.orange-h.schools.nsw.edu.au) and then to the assessment tab.