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Orange High School

APPENDIX C

Honour the Past, Create the Future

Higher 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 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: 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.