**MARONITE COLLEGE OF THE HOLY FAMILY**



**STAGE 4 and 5**

**ILLNESS / MISADVENTURE APPLICATION FORM**

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You should complete this form if:

* You consider that your performance in an Assessment Task was adversely affected by illness or misadventure occurring immediately prior to or during the task OR
* You are/were unable to attend an Assessment Task due to illness or misadventure occurring immediately before or during the task.

This form is to be completed either:

* **BEFORE** the assessment task or examination is due to be submitted/completed
* In the case of absence from the College at the time the task is due to be submitted/completed. This MUST occur within **TWO** school days of returning to the College.

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**CANDIDATE’S NAME**: ………………………………………………………………………………………

**YEAR**: 7 8 9 10 (please circle) **HOMEROOM**: …………………………

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**SECTION 1:** To be completed by the student and forwarded to the subject teacher

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| 1. **CANDIDATE APPLICATION**

(a) Subject: ………………………………………………………………………………………….(b) Class Teacher: …………………………………………………………………………………(c) Name of task: …………………………………………………………………………………………………………………………….(d) Nature of the task (e.g. examination, research task, practical task, performance etc) …………………………………………………(e) Date when task was due to be submitted or completed: …………. / …………… / 20…………(f) I am making this appeal on the basis of (Please circle one or both) **ILLNESS MISADVENTURE**(g) I have attached relevant medical or other documentation **YES / NO** (please circle)(h) Details: **Instructions:**For circumstances of your appeal to be accurately assessed, the following information is required:**IN CASE OF ILLNESS:*** The date of onset of illness
* An indication of the duration of the condition

**IN CASE OF MISADVENTURE**:* The date and time of the occurrence and subsequent events;
* A description of the occurrence

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**FOR COLLEGE USE ONLY:**

**SECTION 2:** To be completed by the subject teacher and forwarded to the KLA Coordinator

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| 1. **SUBJECT TEACHER RECOMMENDATION**

Comments by the Subject Teacher:………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**DECISION:** ☐ Misadventure Accepted ☐ Misadventure Declined**Subject Teachers recommendation:**☐ Submit / complete Original Task by ………. / ………… / 20……….☐ Submit / complete alternate Task by ………. / ………… / 20……….☐ Estimate marks to be given☐ Has already completed and submitted the Task. ………………………………………………………………….. ………… / ………….. / 20 ………**Subject Teacher’s Name and Signature Date** |

**SECTION 3:** To be completed by the KLA Coordinator and forwarded to the Director of Curriculum, Ms G Dalla

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| 1. **KLA COORDINATOR RECOMMENDATION**

**DECISION:** ☐ Misadventure Accepted ☐ Misadventure Declined**Leader of Learning recommendation:**☐ Submit / complete Original Task by ………. / ………… / 20……….☐ Submit / complete alternate Task by ………. / ………… / 20……….☐ Estimate marks to be given☐ Has already completed and submitted the Task. Further comments / information of relevance to recommendation:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. ………… / ………….. / 20 ………**KLA Coordinator Name and Signature Date**………………………………………………………. ………… / ………….. / 20 ………**Director of Curriculum Signature Date** |

**SECTION 4:** To be completed by the Director of Curriculum and forwarded to the student via the subject teacher.

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| **MISADVENTURE DECISION**Description: Description: Description: MCHF-for-Docs Small**MARONITE COLLEGE OF THE HOLY FAMILY****Candidates Name**: ………………………………………………………………………………………..**Task**: ……………………………………………………………………………………………………………**Subject**: ………………………………………………………………………………………………………..**RESULT:**☐ **ACCEPTED the recommendation of the subject teacher and the KLA Coordinator****KLA Coordinator and Subject teacher’s recommendation:**☐ Submit / complete Original Task by ………. / ………… / 20……….☐ Submit / complete alternate Task by ………. / ………… / 20……….☐ Estimate marks to be given☐ Has already completed and submitted the Task. ☐ **DECLINED for the following reasons:**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. ………… / ………….. / 20 ………**Director of Curriculum signature Date** |

**Please Note:** Students have the right to appeal any aspect of this decision with the College Principal. The student must forward a letter to the College Principal, Sr Irene Boughosn **within 3 school days** of receiving this letter.