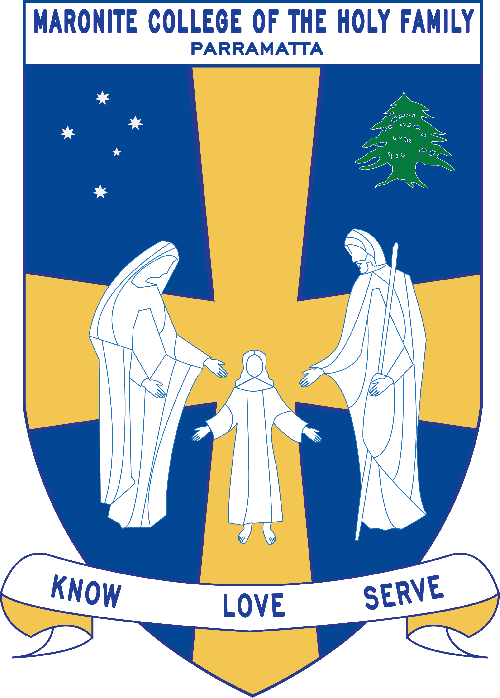
**MARONITE COLLEGE OF THE HOLY FAMILY**



**STAGE 6 PRELIMINARY & HIGHER SCHOOL CERTIFICATE**

**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**: Preliminary / HSC (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   ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………  By signing, I also give permission for the College to contact my doctor to provide clarification if necessary.  ………………………………………………………. ………… / ………….. / 20 ………  **Candidate’s Signature Date**  ………………………………………………………. ………… / ………….. / 20 ………  **Parent’s Signature Date** |

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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 / YEAR ADVISOR 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/ Year Advisor Signature Date**  ………………………………………………………. ………… / ………….. / 20 ………  **Director of Curriculum Signature Date** |

**SECTION 4:** To be completed by the Director of Curriculum, Ms G Dalla 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.