

# Katoomba High School

## Illness / Misadventure Report

**Ensure appropriate documentation is attached.**

Return to: *Formal Examinations to Student Adviser within 3 days of examination;  
Assessment Tasks to Head Teacher on the first day of return to school after due date.*

Name \_\_\_\_\_ Year \_\_\_\_\_ Roll \_\_\_\_\_

Examination / Assessment Task \_\_\_\_\_ Faculty \_\_\_\_\_

Date of Examination / Assessment Task \_\_\_\_\_

Did you attend the Examination / Assessment Task      Yes            No     

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### **Type of Report**

*(Tick appropriate box)*

Illness

*Medical Certificate must be attached*

Misadventure

*Appropriate documentation verifying misadventure must be attached*

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**Outline details of the circumstances that have adversely affected either your performance or attendance at an examination.**

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**Examination Supervisor's / Teacher's comments and/or observations (if applicable)**

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Name of Supervisor \_\_\_\_\_ Signature \_\_\_\_\_

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Adviser or H/T Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

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*Office Use Only*

**Determination:**

Approved

Not Approved

Principal's or Head Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Principal to sign for Examination. Head Teacher to sign for Assessment Task)*

Copies to \_\_\_\_\_

***Original to be placed on student's file***