

Tumbarumba High School Illness/Misadventure Form

Please Note: Only forms filled completely will be considered.

Section A - Student Details (to be completed by student)

Student Name:		
Name of Parent/Caregiver:		
Home Telephone Number: ()		
Date this form submitted:/		
(Tick ONE of the boxes below)		
☐ HSC ☐ Preliminary HSC ☐ RoSA (Yr 10) ☐ RoSA (Yr 9)		
Section B – Test or Assessment Task in which student is appealing (completed by student)		
Date Task/Test Due:		
Subject:		
Teacher:		
Name of Task/Test:		
Weighting of Task:	%	
Section C – Reason for Illness/Misadventure (to be completed by student)		
School Sporting Event : Date/s		
Suspension: Date/s		
School Excursion: Date/s		
☐ Illness: I have / have not provided a Doctors Certificate		
☐ Other: Section D – Head Teacher's Comment (to be completed by Head Teacher)		
Head Teacher supports the appeal		
Name of Head Teacher:Signed:		
Section E – Principal's Comment (to be completed by Principal or nominee)		
☐ Principal supports the appeal ☐ Principal does not support the appeal		
Name of Principal: Signed:		Date:/
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
☐ The Student - Date sent: _		☐ Principal Date sent:/
☐ The Teacher - Date sent:/ ☐ Student File		