



PORT HACKING HIGH SCHOOL

Illness or Misadventure Claim

Student Declaration

This form must be completed by the student who is applying for an Illness or Misadventure claim.

I, request that the Deputy Principal at Port Hacking High School consider my application for Illness or Misadventure.

I have carefully read the Port Hacking High School Assessment Policy detailing Illness and Misadventure applications.

I consider that my ability to:

submit or attend or an assessment task or exam performance was impossible

OR

that my performance in an assessment task or exam could be or was negatively affected

due to illness or an unforeseen misadventure which occurred immediately before or during the Assessment Week or Trial HSC Exam period.

I declare that all the information that I have supplied is true.

I give permission for a member of Port Hacking High School's senior executive to obtain further details from any person who has provided evidence in the Illness or Misadventure Claim form if applicable and considered necessary by Port Hacking High School.

Instructions: A completed *Student Declaration* AND an *Illness Claim Form* OR *Misadventure Claim Form* must be submitted to the relevant Deputy Principal **within THREE school days after immediately** following an illness or misadventure. (These forms may also be submitted before the task is due.)

Subject/s affected	Assessment Task affected	Due date of task	Class Teacher
Is this an Illness or Misadventure Claim?			

<p>Illness Claim: Please describe how your illness and symptoms will or has affected your exam or assessment task performance OR your ability to attend an assessment task or exam.</p> <p>Misadventure Claim: Please describe the nature of your unforeseen misadventure AND how this misadventure will or has affected your exam or assessment task performance OR your ability to attend an assessment task or exam.</p>	
<p>Have you attached the Illness or Misadventure Claim form?</p>	

Student's signature		Parent's signature	
Student name		Parent name	
Date		Date	

DEPUTY PRINCIPAL

Day and Date claim received by Deputy Principal	Mon Tues Wed Thu Fri /...../.....
Deputy Principal Determination	Approved / NOT Approved
Outcome:	
Date determination and outcome communicated to student	
Method of communicating to student	
Deputy Principal Signature:	
Student signature of receipt of outcome, if verbally given.	Date: