



**PRELIMINARY/HSC COURSE ASSESSMENT
APPLICATION FOR SPECIAL CONSIDERATION FOR MISADVENTURE-ILLNESS-SPECIAL
CIRCUMSTANCE OR APPEALS**

Tick 1 or 2

☐ **Illness or Misadventure or Extraordinary Circumstances Application**

If illness, accident, misadventure, or special circumstances prevent a student from completing an ASSESSMENT TASK on or by the due date:

- The school must be advised when the situation is known (before the due date if possible) and;
- On the day of returning to school, this form must be completed and handed to the teacher of the course

☐ **Appeal against a decision, final result, rank, or task**

This form must be submitted to the Deputy Principal, within 7 days of notification of the result.

PART A TO BE COMPLETED BY THE STUDENT BEFORE COMPLETION BY TEACHERS

STUDENT'S NAME: _____ ROLL GROUP: _____ YEAR: _____

COURSE: _____ CLASS TEACHER: _____

NATURE OF ASSESSMENT TASK: _____

DATE SET: _____ DATE DUE: _____

Reasons for consideration

Attach supporting documents (e.g. Medical Certificates, supporting comments, etc)

Note: in the case of an application on medical grounds, a medical certificate must accompany the application.

Signature of Student: _____ Date: _____

Signature of Parent/Carer: _____ Date: _____

Principal: Dr Ken Edge

Phone: (02) 9607 8669

Fax: (02) 9607 9460

Address: 60 Cabramatta Avenue (PO Box 361) Miller NSW 2168

Email: miller-h.school@det.nsw.edu.au



MILLER TECHNOLOGY HIGH SCHOOL

PER CULTURAM—Promoting Growth and Development

PART B - TO BE COMPLETED BY THE CLASS TEACHER

Recommendation by the Class Teacher

☐ Extension of time without penalty

Revised due date: _____

☐ Alternate task

Revised due date: _____

☐ Other

Teachers are requested to write a recommendation for the assessment task for this student. If you have any difficulties in doing this, please refer this application to your Head Teacher.

Signature of Class Teacher: _____ Date: _____

PART C - DECISION OF HEAD TEACHER

☐ Upheld

☐ Denied

Comment

Signature of Head Teacher: _____ Date: _____

PART D – RIGHT OF APPEAL

Right of appeal to Deputy Principal: A student has the right to appeal this decision or a final grade/result/rank, within 3 days of its notification.

Reasons for Appeal

Signature of Student: _____ Date : _____

☐ Upheld

☐ Denied

Comment

Deputy Principal:

_____ Date: _____

Principal: Dr Ken Edge

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