# Our Lady of Mercy Catholic College Burraneer
# ILLNESS / MISADVENTURE / LEAVE FORM

**SECTION A: STUDENT'S APPLICATION - Please complete Section A and submit to the Leader of Teaching and Learning**

STUDENT'S NAME: _____ YEAR: _____ TEACHER'S NAME: _____

SUBJECT: _____ CLASS: _____

TASK/S: _____

**REASON/S FOR APPLICATION:** ***Tick*** *the appropriate box and* ***explain*** *the circumstances of your request*

☐ ILLNESS: ☐ MISADVENTURE: ☐ REPRESENTATION: ☐ LEAVE:

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**SUPPORTING DOCUMENTATION:** *Please attach documentation to this form.*

☐ Medical Certificate ☐ Parent/Guardian's Letter ☐ Counsellor's Statement

☐ Other (please specify) _____ Date _____

Task has been submitted / completed: ☐ YES ☐ NO Date completed/submitted: _____

I hereby request that the above assessment task /s be reviewed by the Academic Review Committee.
I declare that all the information I have supplied is true.

_____ _____ _____

STUDENT'S SIGNATURE PARENT SIGNATURE DATE

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***Application form submitted to the Subject Teacher***

**SECTION B: SUBJECT TEACHER'S COMMENT**

Documentation Sighted: ☐ YES ☐ NO Date: _____

☐ Assessment task submitted/completed Date: _____

☐ Alternative date to complete/submit task Date: _____

Class Teacher's Signature: _____ Date: _____

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***Application form submitted to the KLA Coordinator***

**KLA COORDINATOR'S RECOMMENDATION**

☐ New Task ☐ Sit Original Task ☐ Estimate Mark ☐ No Penalty
☐ Zero for Non-Compliance

**Comment/Action:**

_____

⇩

***** Student to be notified of appeal decision via email***

**KLA Coordinator's Signature: _____ Date: _____**

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***Application form submitted to the Leader of Teaching and Learning***

**SECTION C: LEADER OF TEACHING AND LEARNING**

**APPEAL DECISION:** Appeal Upheld ☐ Appeal Rejected ☐

**LoTL's Signature: _____ Date: _____**