

APPENDIX 1 - Illness/Misadventure/Extension Form/Appeal

NBSC Manly Campus

This form must be submitted to the Relevant Deputy Principal IMMEDIATELY on return to school.

School Contact Phone Number: 9905 3982 / Fax Number: 9905 7772

STUDENT NAME:.....

SUBJECT:..... TEACHER:.....

DATE OF SUBMISSION OF THIS FORM:.....

TASK YOU ARE SEEKING SPECIAL CONSIDERATION FOR:

.....

.....

DATE TASK IS DUE:.....

ARE YOU SEEKING SPECIAL CONSIDERATION FOR: (tick)

(a) ILLNESS

(b) MISADVENTURE

(c) GENUINE REASON FOR EXTENSION

(d) APPEAL

(Attach all necessary medical and other certificates)

PROVIDE DETAILS AND REASONS FOR THIS REQUEST:

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STUDENTS SIGNATURE:

PARENT'S/CAREGIVER'S SIGNATURE:

.....

Office Use Only

DECISION:

DATE DUE: SIGNATURE:.....