ILLNESS / MISADVENTURE APPEAL
INTERNAL PRELIMINARY ASSESSMENT

Student Name (please print) __________________________ TG No. __________________

Course for which the appeal is being lodged: ______________________________________

Class Teacher: __________________________ Date: __________________________

Task(s) Affected: ______________________________________________________________

Date of the Task: ______________________________________________________________

Did you attend / submit the task? (please tick) Yes ☐ No ☐

Student Record

Describe how illness or unforeseen misadventure affected your performance or prevented your attendance. Give details of any action you took to report this (including reporting to teachers, attendance at a doctor’s surgery or hospital)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Student Signature __________________________ Date: __________________________

Parent Signature: __________________________ Date: __________________________

Teacher Record

Record fully your observations of distress or disadvantage suffered by the student (if they were in attendance for the task)

__________________________________________________________________________

__________________________________________________________________________

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St Francis Xavier’s College – Misadventure Documentation – 2015
Independent evidence of illness or misadventure

This section will normally be completed by a relevant person eg. Police Officer, Doctor

Record details relevant to the incident related to the claim for misadventure. Attach any other evidence eg. Doctor’s Certificates or Police Reports

Name: ___________________ Profession: ___________________
Contact Number: ______________ Place of Work / Organisation_________________
Signature: ___________________ Date: ___________________

Studies Coordinator Comment

______________________________________________________
Signature: ___________________ Date: ______________

Final Decision of Appeals Committee

Dean of Studies Signature: ___________________ Date: ___________________

Decision recorded on MN Notes: ☐ Student Emailed ☐