**WINGHAM HIGH SCHOOL**

POSITIVITY TRUST FAIRNESS RESPECT

Stage 5 & 6

MISADVENTURE APPLICATION

Application for special consideration for misadventure/illness/special circumstances in relation to Assessment Tasks & Exams

# PART A to be completed by student before recommendation from Class Teacher

Student Name: ………………………………………… Year Group ………………..

Subject: ……………………………………………………………

Task: …………………………………………………………

Class Teacher: ……………………………………………………………

Reason for Misadventure: (Attach any supporting documents such as medical certificates)

Signature of Student: Date:

# PART B to be completed by Class Teacher before Head Teacher

Recommendation by Class Teacher: Support Not Support

Comments:

Signature: Date:

# PART C to be completed by Head Teacher

Signature: Date:

**DECISION of Principal:**

Comments:

Signature: Date: