

Illness/Misadventure/Extension Request Form

(APPENDIX 1)

This form must be submitted to the Head Teacher as soon as possible

Student Name: _____ School: _____

Course: _____ Teacher: _____

Date of submission of this form: _____

Task for which you are seeking special consideration: _____

Date task originally due: _____

Are you seeking special consideration for: (tick)

Illness Misadventure Genuine reason for extension

Provide details of and reasons for your request: *(Attach all necessary medical or other documentation)*

Student Signature: _____ Date: _____

Parent/Carer Signature: _____ Date: _____

Supervisors signature: _____ Date: _____

DSODE Office use only

Decision _____

New date due _____ Signature _____

Decision communicated to Student by _____

Date _____

Further information

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