

NEW SOUTH WALES
DEPARTMENT
OF EDUCATION
AND TRAINING



SELECTION FOR YEAR 5 OPPORTUNITY CLASS PLACEMENT IN

2009

EDUCATIONAL MEASUREMENT
AND SCHOOL ACCOUNTABILITY
DIRECTORATE

SELECTIVE HIGH SCHOOL AND
OPPORTUNITY CLASS
PLACEMENT UNIT

ILLNESS/MISADVENTURE FORM

INSTRUCTION TO PARENTS

Note: In this document 'parent' includes 'guardian' and 'caregiver'.

If some problem, such as sickness or accident, prevents your child from taking the test or from doing his or her best in the test, you should complete this illness/misadventure form as soon as possible. You should try to include evidence to support a misadventure claim. You must include a medical certificate that covers the test date if the child was sick.

All claims for consideration based on illness must be made at this stage. Although there is an appeals process which occurs later in the year, after the outcome is known, appeals based on illness will be considered only in exceptional circumstances.

The completed illness/misadventure form should be returned to the Unit no later than **Friday 15 August 2008** to:

**The Manager, Selective High School
and Opportunity Class Placement Unit
Department of Education and Training
Locked Bag 6109
MILPERRA DC NSW 1891**

STUDENT DETAILS

Student's family name:

Student's given name:

Student's number:

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TO BE COMPLETED BY PARENTS

Please indicate the grounds for your illness/misadventure claim in the relevant section below. It is anticipated that for most applicants, only ONE of the three sections is applicable.

Factors which may have prevented the student from taking the Opportunity Class Placement Test.

Factors which may have prevented the student from gaining higher scores in the Opportunity Class Placement Test.

Other factors.

Medical certificate enclosed:

Yes

No

Other evidence enclosed:

Yes

No

Parent's signature:

Date:

Please attach medical certificate or other relevant evidence here.



