



Illness/misadventure form

Year 7 entry to selective high school in **2013**

Instructions to parents

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

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. The 'Independent Evidence of Illness' must be completed and submitted with 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 **Thursday 5 April 2012** to:

**The Manager
Selective High School
and Opportunity Class Placement Unit
Department of Education and Training
Locked Bag 5001
Bankstown NSW 1885**

Student details

Student's family name:

Student's given name:

Student number: **S I 2**

To be completed by parent/carer

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 Selective High School Placement Test.

Factors which may have prevented the student from gaining higher scores in the Selective High School Placement Test.

Other factors.

Medical certificate enclosed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other evidence enclosed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Parent's signature:	<input type="text"/>			
Date:	<input type="text"/>			

**Independent evidence of illness
to be completed by a medical practitioner**

Independent evidence of illness: to be completed by a medical practitioner and submitted with a medical certificate that covers student for the test date.

(The person completing this form must NOT be related to the student.)

Diagnosis of medical condition:

Date of onset of illness: _____

Date(s) of all consultations relating to the illness: _____

Please describe how the student's condition/ symptoms could affect his or her test performance.

Name of doctor: _____

Place of work/ organisation: _____

Address: _____

Contact phone: _____

Signature: _____

Date: _____

*** Please note that any fee for providing this report is the responsibility of the applicant.**

Please attach medical certificate or other relevant evidence here.