



ILLNESS/MISADVENTURE APPLICATION (IMA)

Student Name: _____ **Year:** _____

Boarder: Yes / No

Section A: Please complete all sections for any assessment task(s) you want included in this application.

Task date	Subject	Task number	Teacher	Provisions? (Y/N)
/ /				
/ /				
/ /				

Section B: Reason for application (tick one only):

Reason for Absence or Application (New and Only)				
○ Absence on the day of Assessment	○ Misadventure during an Assessment	○ Anticipated Absence on day of Assessment	○ Late arrival on the day of an assessment	○ Absence on the day <i>prior</i> to an assessment

Please describe how illness/misadventure affected your ability to complete an assessment task.

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By signing this application, you are acknowledging and agreeing to the following:

- Absence from school is likely to impact student learning and it is the student's responsibility to obtain and complete any missed work whilst away from school; and,
- Technology failure(s), time management, sporting commitments, general difficulties and/or study-related issues do not qualify for an IMA.

Student signature: _____ Date: _____

Parent/carer name (printed): _____

Parent/carer signature:

Submit in person to the Curriculum Office with relevant documents (e.g. medical certificate) or scan all documents as a single PDF and email to curriculum@pymblelc.nsw.edu.au

Visit Avon Road Pymble NSW 2073
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pymble@pymble.nsw.edu.au

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FOR DIRECTOR OF STUDIES USE ONLY

Medical certificate / documentation attached: ☐ Yes ☐ No

Application upheld: ☐ Yes ☐ No

Outcome (Row 1) : ☐ RM ☐ Ex (____) ☐ E ☐ No penalty ☐ CU (____/____/____)

Additional comments:

Outcome (Row 2) : ☐ RM ☐ Ex (____) ☐ E ☐ No penalty ☐ CU (____/____/____)

Additional comments:

Outcome (Row 3) : ☐ RM ☐ Ex (____) ☐ E ☐ No penalty ☐ CU (____/____/____)

Additional comments:

Director of Studies Signature: _____

Date: ____ / ____ / ____

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Special Provisions: ☐ Yes ☐ No

Special Provisions (Details):