

# Newtown High School of the Performing Arts



## Group Performance Illness/Misadventure Form

Name/Names of students causing misadventure: .....

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### Section A

List of students affected:

Course: ..... Year: .....

Name of Group Performance: ..... Weighting ..... Date Due: .....

Class Teacher: .....

Outline reasons for this application for Illness/Misadventure:

Attention: If a student is responsible for this group illness/misadventure application they MUST also complete an individual illness/misadventure form otherwise they will be awarded a mark of zero.

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### Section B

*To be completed by the Head Teacher*

Head Teacher's Name: ..... Course: .....

Faculty: ..... Date: .....

Receipt date of Illness/Misadventure form: .....

Task submitted/completed  Yes  No Date of Rescheduled Task: .....

Comments: .....

HT Signature: .....

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### Section C

*To be completed by the Assessment Review Committee*

Resolution: .....

ARC Members: .....

**Copy to:** Committee/Relevant Head Teacher /Student/Parent/Carer/Student File