



# Broken Hill High School

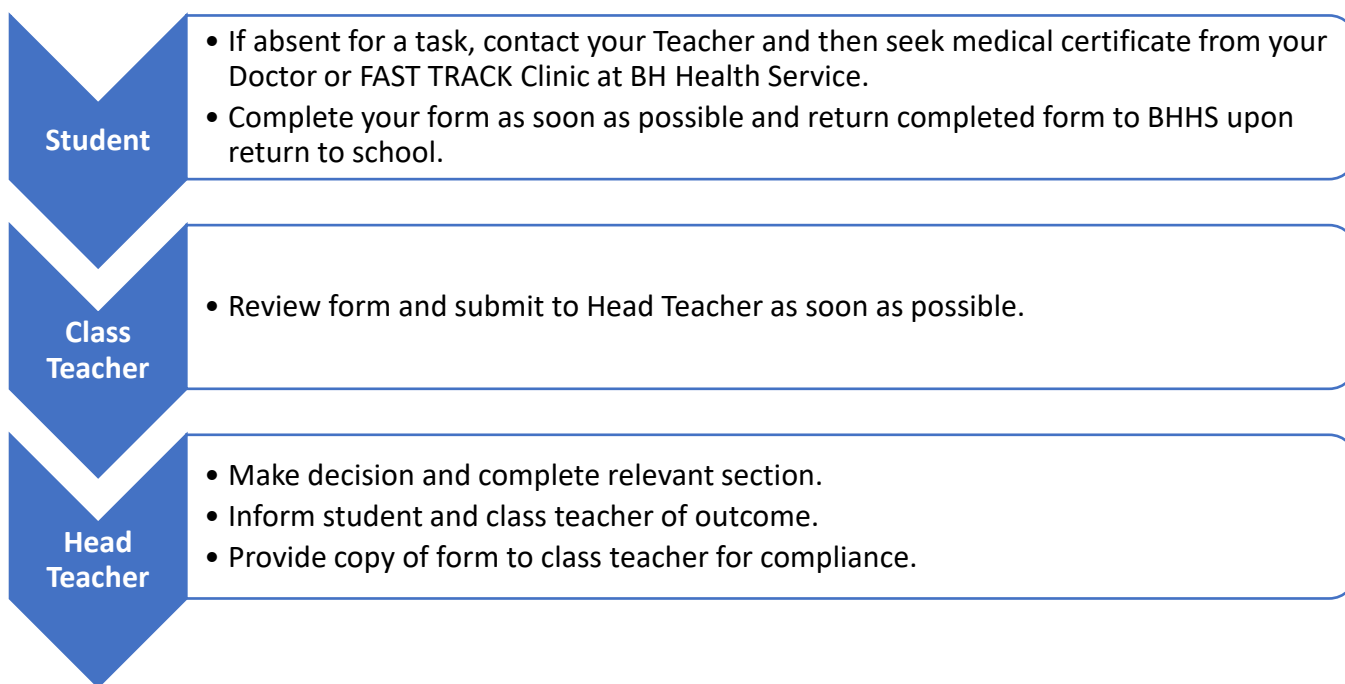
No Reward Without Effort

Principal: Mr Ross Mackay  
Garnet Street, Broken Hill NSW 2880  
Phone: 08 8088 1522  
Email: [brokenhill-h.school@det.nsw.edu.au](mailto:brokenhill-h.school@det.nsw.edu.au)  
Website: [www.brokenhill-h.schools.nsw.edu.au](http://www.brokenhill-h.schools.nsw.edu.au)

## Stage 6 Illness/Misadventure/Extension Process

The Stage 6 Illness/Misadventure/Extension Form is to be completed by a student who has a **genuine reason(s)** NOT to be awarded a ZERO mark in an assessment task in relation to the following:

- Failure to submit an assessment task on time.
- Absent for an assessment task or exam due to 'accident, illness or misadventure'.
- Extenuating circumstances exist in order to be granted an extension.



### Further information

#### Broken Hill High School

Garnet Street BROKEN HILL NSW 2880

Phone: **08 8088 1522**

Fax: 08 8087 8267

Email: [brokenhill-h.school@det.nsw.edu.au](mailto:brokenhill-h.school@det.nsw.edu.au)



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## Stage 6 Illness/Misadventure/Extension Request Form

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

Student Name: \_\_\_\_\_ 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:

- Illness                       Misadventure                       Genuine reason for extension

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

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BHHS Staff use only

Decision: \_\_\_\_\_

New due date: \_\_\_\_\_ Signature: \_\_\_\_\_

Decision communicated to Student by: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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