Instruction to parents*

You should complete this form if:

1. your child was unable to sit the test and you have not submitted an interstate or overseas application
2. you know of any factors that prevented your child from doing his/her best in the test
3. you know of any factors that prevented your child from doing his/her best at school in 2019.

You cannot later appeal on grounds that you should have notified the Team about through the Illness/Misadventure process.

Illness/misadventure requests will be considered on the following grounds:

**Illness or diagnosed medical condition:** If your child was sick or injured at the time of the test you must include a medical certificate to cover the test date and the *Independent evidence of illness* form (on page 3) completed by your medical practitioner.

**OR**

**Misadventure:** An accident or incident affecting your child’s performance either in the school assessments or in the test. You must include documentary evidence wherever possible.

**Note:** Even where a request is well supported by evidence and is accepted by selection committees, an adjustment is not always possible.


Return the completed illness/misadventure request to the Team no later than **Wednesday 14 August 2019.**

Choose one of the options below to send your illness/misadventure request. Do not send it twice.

<table>
<thead>
<tr>
<th>Scanned to PDF and emailed to:</th>
<th><a href="mailto:ssu@det.nsw.edu.au">ssu@det.nsw.edu.au</a></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OR</strong> by post to:</td>
<td>The Leader</td>
</tr>
<tr>
<td></td>
<td>High Performing Students Team</td>
</tr>
<tr>
<td></td>
<td>Department of Education</td>
</tr>
<tr>
<td></td>
<td>Locked Bag 53</td>
</tr>
<tr>
<td></td>
<td>DARLINGHURST NSW 1300</td>
</tr>
<tr>
<td><strong>OR</strong> by fax to:</td>
<td>9266 8435</td>
</tr>
</tbody>
</table>

**Student details**

Student’s family name: 

Student’s given name: 

Application number: **C 1 9**

*‘Parent’ is defined under the Education Act 1990 as ‘a guardian or other person having custody or care of a child’.*
To be completed by parents

Did the student sit the Opportunity Class Placement Test?  
Yes ☐ No ☐

Please explain the grounds for your illness/misadventure request in the relevant section below. Note: The selection committee may ignore the test scores or the school assessment scores, depending on the request and the score components. It is, therefore, vital that you complete only one of the three sections below.

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

OR

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

OR

Factors which may have prevented the student gaining higher school assessment scores.

Note: If your request is about your child’s school assessment scores, you need to take this form to your child’s current school principal for comment. The principal must write a comment on page 4 of this form.

Illness/misadventure requests submitted without supporting evidence are unlikely to be accepted.

Medical certificate attached: ☐ (please tick)  
Other supporting evidence attached: ☐

Note: For requests related to medical issues you need to complete the Independent Evidence of Illness form on page 3 as well as provide a medical certificate.

Parent’s name (Block letters):

Parent’s signature:

Date:
Independent evidence of illness – to be completed by a medical practitioner

This form is to be completed by a medical practitioner and submitted with a medical certificate that covers the student for the test date or the school assessment period.

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

Name of student: ________________________________________________________________

Date of birth: __________________________________________________________________

Diagnosis of medical condition: __________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Date of onset of illness or injury: __________________________________________________________________

Date(s) of all consultations relating to the illness or injury: __________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please describe how the student’s condition/symptoms could affect his or her test performance or school 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.
The principal must write a comment here if your illness/misadventure request is targeting school assessment scores.

Contact the High Performing Students Team on 1300 880 367 if you need further information.

School name: 

Principal's name: 

Principal's signature: 

Date: 