



## PENRITH SELECTIVE HIGH SCHOOL MISADVENTURE APPEAL ENTRY 8 – 11

(To be used where a candidate was unable to attend the examination due to illness or misadventure or suffered illness or misadventure during the examination)

**MUST BE RECEIVED BY PENRITH SELECTIVE HIGH SCHOOL WITHIN ONE WEEK OF THE EXAMINATION DATE**

Candidate's name: \_\_\_\_\_ Year/Grade applied for : \_\_\_\_\_

Was the Candidates present for the examination: YES / NO (Circle)

Examination Supervisor's Comment where applicable :

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### Independent evidence of medical condition to be completed by health professional:

Diagnosis of medical condition: \_\_\_\_\_

Date of onset of illness: \_\_\_\_\_

Date(s) and time(s) of all consultations/meetings relating to this illness: \_\_\_\_\_

Please describe how the student's condition/symptoms could affect their examination performance. *(If the student was **unable to attend** an examination, it is essential that you provide full details in the space provided or on additional sheet(s) and attach them to the application.)*

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Any other comments or information which may assist in the assessment of the student's appeal. *(If there is not enough space, please attach additional sheet(s).)*

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Name of doctor or other health professional providing this information: \_\_\_\_\_

Profession: \_\_\_\_\_ Place of work/organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact phone: \_\_\_\_\_ Signed: \_\_\_\_\_

**Independent evidence of misadventure where applicable:**

Date of misadventure event: \_\_\_\_\_

Were you a witness to the event? Yes / No (Circle)

If No how did you obtain the evidence you are providing?

\_\_\_\_\_  
\_\_\_\_\_

Are you known to the student? Yes / No If Yes, nature of relationship:

\_\_\_\_\_

Description of event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of doctor or other health professional providing this information: \_\_\_\_\_

Profession: \_\_\_\_\_ Place of work/organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact phone: \_\_\_\_\_ Signed: \_\_\_\_\_

OFFICE ONLY:

Date Received: \_\_\_\_\_

Committee Decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_