

Years 7 – 10 Upcoming Assessment Task

APPLICATION FOR AN EXTENSION - ASSESSMENT TASK AFFECTED BY ILLNESS/MISADVENTURE

STUDENT NAME: _____

DATE: _____ / _____ / _____

SUBJECT: _____

TEACHER: _____

TASK CONCERNED: _____

I hereby apply for an Extension based on consideration of the following factor(s) which affected my performance in this Assessment Task (Documentary evidence from Doctor): In applying for this special consideration, I assure the Principal that I am not seeking unfair advantage over other students in this course.

.....

STUDENT'S SIGNATURE: _____

PARENT/CAREGIVER SIGNATURE: _____

RECOMMENDATION OF HEAD OF FACULTY

APPROVED NOT APPROVED ROC ENTERED

.....

HEAD OF TEACHING AND LEARNING (SECONDARY) _____

DATE: _____ / _____ / _____

Year 7 -10 MISSED Assessment Task

CONSIDERATION OF ILLNESS/MISADVENTURE ON OR AFTER DUE DATE OF ASSESSMENT TASK

STUDENT NAME: _____

DATE: _____ / _____ / _____

SUBJECT: _____

TEACHER: _____

Brief Description of Assessment Task Concerned:

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I hereby apply for consideration of my absence for the Assessment Task outlined above. Documentary evidence is/is not attached. The facts as outlined below, which affected my ability to complete this Assessment Task by the Due Date, are an accurate record of my situation:

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STUDENT'S SIGNATURE: _____

PARENT/CAREGIVER SIGNATURE: _____

RECOMMENDATION OF HEAD OF FACULTY

APPROVED NOT APPROVED ROC ENTERED

.....

HEAD OF TEACHING AND LEARNING (SECONDARY) _____

DATE: _____ / _____ / _____