

EXTENSION OF TIME FOR AN ASSESSMENT TASK

(Must be submitted prior to due date of task)

Name:		Date:
Year:	Subject:	Teacher:
Assessment Task:		
Due Date of Task:		Task Notification Date:

Student Statement: I am applying for an extension of time for the Assessment Task indicated above for the following reasons. I have attached supporting evidence (Medical Certificate, explanatory letter) to this sheet.

Student Signature:

Class Teacher/Head Teacher Comments

Class Teacher Signature:	Head Teacher Signature:
Suggested new due date if supported by Faculty :	

Action to be taken (ASSESSMENT COMMITTEE)

<input type="checkbox"/> Extension of time until _____	
<input type="checkbox"/> No extension granted	
<input type="checkbox"/> Other _____	

You will be notified by your class teacher as soon as possible of the outcome of this application. If you have any questions, please feel free to discuss your concerns with the Head Teacher.

CLASH OF TASK APPEAL

(Must be submitted prior to date of task)

Name:		Date:
Year:	Subject:	Teacher:
Assessment Task:		
Date of Task / Due:		Task Notification Date:
Head Teacher:		

Student Statement I have a clash of date for the Assessment Task indicated above for the following reasons. I have attached supporting evidence (Parental Note, etc.) to this sheet.

<i>For school based reasons, the relevant staff member must sign this section.</i>	
Student Signature:	Staff Signature:

Class Teacher/Head Teacher Comments

Class teacher Signature:	Head Teacher Signature:

Action to be taken (ASSESSMENT COMMITTEE)

<input type="checkbox"/> Estimate based on other work	
<input type="checkbox"/> Sit task on return for practice/outcomes	
<input type="checkbox"/> Sit task on set date	
<input type="checkbox"/> Other _____	

You will be notified by your class teacher as soon as possible of the outcome of this application. If you have any questions, please feel free to discuss your concerns with the Head Teacher.