



Faith, Courage, Tolerance

YEAR 9-12 ASSESSMENT FORM

(For Illness/Misadventure/Extensions/Appeals)

Name: Homeroom: Course/s: Teacher/s: Due Date of Task: <small>dd/mm/yy</small> Today's Date: <small>dd/mm/yy</small> Documentation Provided: Medical Certificate Attached Other Evidence:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d9e1f2;"> <th style="text-align: center;">TYPE OF ASSESSMENT TASK</th> </tr> <tr> <td style="text-align: center;">Hand-in</td> </tr> <tr> <td style="text-align: center;">Examination</td> </tr> <tr> <td style="text-align: center;">Oral/Performance</td> </tr> <tr> <td style="text-align: center;">Other:</td> </tr> <tr style="background-color: #d9e1f2;"> <th style="text-align: center;">THIS FORM IS TO:</th> </tr> <tr> <td style="text-align: center;">Explain an Illness</td> </tr> <tr> <td style="text-align: center;">Explain a Misadventure</td> </tr> <tr> <td style="text-align: center;">Apply for an Extension of the Due Date</td> </tr> <tr> <td style="text-align: center;">Appeal a Mark</td> </tr> <tr> <td style="text-align: center;">Other:</td> </tr> </table>	TYPE OF ASSESSMENT TASK	Hand-in	Examination	Oral/Performance	Other:	THIS FORM IS TO:	Explain an Illness	Explain a Misadventure	Apply for an Extension of the Due Date	Appeal a Mark	Other:
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Other:												

Outline the reasons for your submission of this form:	
Student Signature _____ Date: ____/____/____	Parent Signature _____ Date: ____/____/____

ON THE DAY YOU RETURN TO SCHOOL:
For Assessment Tasks: submit the printed form and documentation to the relevant KLA Leader.
For Examination Blocks: submit the printed form and documentation to the relevant Year Leader.

--SCHOOL USE ONLY--

Action/Recommendation from KLA Leader/Year Leader: Signature: _____ Date: ____/____/____	Date Received: ____/____/____
Leader of Innovation and Learning Final Decision: Signature: _____ Date: ____/____/____	<input type="checkbox"/> Upheld <input type="checkbox"/> Denied
Appeals Committee Meeting Outcome: Date: ____/____/____ Comments:	<input type="checkbox"/> Upheld <input type="checkbox"/> Denied