



Faith, Courage, Tolerance

YEAR 10-12 ASSESSMENT FORM

(For Illness/Misadventure/Extensions/Appeals)

Name:	
Homeroom:	<input type="checkbox"/> Hand-in
Course/s:	<input type="checkbox"/> Examination
Teacher/s:	<input type="checkbox"/> Oral/Performance
Due Date of ask:	<input type="checkbox"/> Other:
Today's Date:	THIS FORM IS TO:
Documentation Provided:	<input type="checkbox"/> Explain an Illness
<input type="checkbox"/> Medical Certificate Attached <input type="checkbox"/>	<input type="checkbox"/> Explain a Misadventure
Other Evidence:	<input type="checkbox"/> Apply for an Extension of the Due Date
	<input type="checkbox"/> Appeal a Mark
	<input type="checkbox"/> 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):	Date received:
Signature: _____ Date: / /	<input type="checkbox"/> Upheld <input type="checkbox"/> Denied
Leader of Innovation and Learning Final Decision:	<input type="checkbox"/> Upheld <input type="checkbox"/> Denied
Signature: _____ Date: / /	<input type="checkbox"/> Upheld <input type="checkbox"/> Denied
Appeals Committee Meeting Outcome:	<input type="checkbox"/> Upheld <input type="checkbox"/> Denied
Signature: _____ Date: /	<input type="checkbox"/> Upheld <input type="checkbox"/> Denied
Comments	

- Original with Documentation to Student File
- Copies to Individual Student and Assistant Principal-Curriculum