

ST CLARE'S HIGH SCHOOL CHANGE OF ASSESSMENT DATE APPLICATION

Nam	ne				Date	
Year/Course			Teacher			
Asse	ssment Task					
Date of Task/Due			Task Notification Date			
Negotiated Change of Date Teacher		Teacher		Studies Coordinator		
	nt Statement I am applying t				icated above for the	e following
reasor	s. I have attached supporting	evidence (Parental N	ote, etc.) to th	nis sheet.		
Furtl	ner Explanation Overleaf					
Stud	lent Signature	Pa	Parent/Carers Signature			
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Class	Teacher/Studies Coordinate	or Comments				
Class Teacher Signature Stu		Stud	dies Coordinator Signature			
Actio	n to be taken (ASSESSMEN	T COMMITTEE)				
	Change of Date Supported	,				
[]	Complete task on set date					
[]	Other					
-						
Assist	ant Principal Learning & T	eaching:				

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 Studies Coordinator.



Parent's Signature

ST CLARE'S HIGH SCHOOL

STUDENT/PARENT STATEMENT