



ST CLARE'S HIGH SCHOOL

CHANGE OF ASSESSMENT DATE APPLICATION

Name		Date
Year/Course	Teacher	
Assessment Task		
Date of Task/Due	Task Notification Date	
Negotiated Change of Date	Teacher	Leader of Learning

Student Statement: I am applying to change the date for the Assessment Task indicated above for the following reasons. I have attached supporting evidence (Parental Note, etc.) to this sheet.

Further Explanation Overleaf	
Student's Signature	Parent/Carer's Signature

Class Teacher/Leader of Learning's Comments

Class Teacher's Signature	Leader of Learning's Signature

Action to be taken (ASSESSMENT COMMITTEE)

- Change of Date Supported
- Complete task on set date
- Other _____

Assistant Principal Learning & Teaching: _____

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 Leader of Learning.

