Student Name: ___________________________ Date: __________________________

Course Name: ___________________________ Class/Teacher: __________________

Assessment Task Number: ___________________________ Due Date: ______________

Type of Task (eg Test, Speech, etc): ____________________________

- I apply for consideration for the Formal Assessment Task outlined above.
- I attach/do not attach documentary evidence.  {Documentary evidence (a medical certificate for illness) must be provided, except in exceptional circumstances.}
- I am aware that the taking of school holidays in school terms is not accepted by James Sheahan Catholic High School as valid grounds for an extension or special consideration of a Formal Assessment Task.
- The facts below are a true account of my circumstances (ie reason for seeking an extension or special consideration)

____________________________________________________

____________________________________________________

____________________________________________________

Student’s Signature: ___________________________ Parent/Carer’s Signature: __________________

Recommendation of KLA Coordinator: Extension Approved  □ Yes  □ No

Arrangements/Reasons: __________________________________________________________

KLA Coordinator Signature: ___________________________ Date: ______________________

Appeal: Decision of Assessment Committee: _______________________________________

(Original to be retained by KLA Coordinator. Copies to Assistant Principal, Year Coordinator and Student.)