



**JAMES SHEAHAN CATHOLIC HIGH SCHOOL
HIGHER SCHOOL CERTIFICATE ASSESSMENT**

**Higher School Certificate Illness/Misadventure
Consideration/Extension Application
Formal Assessment Task**

Student Name: _____ **Date:** _____

Course Name: _____

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: _____
