



JAMES SHEAHAN CATHOLIC HIGH SCHOOL PRELIMINARY ASSESSMENT

Preliminary 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: _____
