



John Therry Catholic High School

ASSESSMENT TASK COVER SHEET

Student Name: _____ **Year:** _____

Subject: _____ **Teacher:** _____

Date of Assessment Task: _____

ASSESSMENT TASK TITLE: _____

DECLARATION OF ORIGINALITY

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief it contains no material which has been copied or plagiarised from other sources including the internet, past student's work and other printed material.

I have made and retained a copy of this original Assessment Task.

Signature of student Date

Illness/Misadventure Appeal pending? YES/NO

If YES, number of days late: _____

SUBJECT:	LATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
STUDENT NAME:	TIME SUBMITTED:
TASK TITLE:	TEACHERS INITIALS:
DATE:	TEACHERS SIGNATURE:

STUDENT RECEIPT OF SUBMISSION
(Completed by Staff Member)

SUBJECT:	LATE: <input type="checkbox"/> YES <input type="checkbox"/> NO
STUDENT NAME:	TIME SUBMITTED:
TASK TITLE:	TEACHERS INITIALS:
DATE:	TEACHERS SIGNATURE: