



John Therry Catholic High School

YEAR **7 8 9) ASSESSMENT PROGRAMME**

**ILLNESS/MISADVENTURE/EXTENSION FORM
FOR ASSESSMENT TASKS**

Student Name: _____ **Year:** _____

Subject: _____ **Learning Group** _____

Teacher: _____ **Class:** _____

Task: _____

Task Due Date: _____

Has Task been submitted? YES/NO **Date of Submission:** _____

Details/Reasons for Request: _____

Explanation note attached: _____ **YES/NO**

Parent Signature: _____

Decision: _____

KLA Co-ord. Signature: _____

Date Form Issued: _____ **Date Form Returned:** _____

(Copy to Curriculum Coordinator, KLA Coordinator, Teacher involved and Year Coordinator)