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)