



# THE HILLS SPORTS HIGH SCHOOL 2022

## Application for adjusted Assessment Task due date, due to certified illness, misadventure or approved school activity.

Students need to complete this form and hand to the Deputy Principal 2 weeks prior to the date of an assessment task (including examination) or on first day of return to school.

**DO NOT** assume application will be approved. You must provide adequate documentation to support your application in order for it to be approved by the Deputy Principal.

Student Name: \_\_\_\_\_ Year Group: \_\_\_\_\_

Course: \_\_\_\_\_ HSC  Year 11  Year 10

Class Teacher: \_\_\_\_\_ Application Date: \_\_\_\_\_

Task Title: \_\_\_\_\_ Original Due Date: \_\_\_\_\_

Task Type :      Hand-in Task      In-class Task      Examination      Practical Task      Other

### Reason for Adjusted Assessment Task Due Date: *(Please circle)*

Illness

Approved Leave

Need for Extension of Time

Misadventure

Approved School Activity

Other

Describe how your illness/misadventure prevented you from completing/submitting the task or why you require an extension of time:

### Supporting Documentation Attached:

Medical Certificate

Letter from parent

Other

Authorised School Activity Number: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Deputy Principal's Decision:      Approved      Not Approved

Deputy Principal Signature: \_\_\_\_\_

Action by Head Teacher:

Head Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Head Teacher to please return to Deputy Principal with details outlining action taken.*

Copy to:      Class Teacher      Academic Mentor      Head Teacher      Deputy Principal