

MAITLAND GROSSMANN HIGH SCHOOL
APPLICATION FOR LATE ASSESSMENT
YEAR 11/12
(including extension of due date)

STUDENT:	CLASS:
SUBJECT:	COURSE:
TEACHER:	DUE DATE:
ASSESSMENT TASK:	
REASON FOR FAILURE TO MEET REQUIREMENTS:	
MEDICAL CERTIFICATE	YES NO
REQUEST:	
DATE OF PROPOSED Completion:	

SIGNATURE: _____ _____ ____/____/____
Parent/Guardian Student Date

RECOMMENDATION
CLASS TEACHER'S COMMENT:
SIGNATURE: DATE: ____/____/____
HEAD TEACHER'S RECOMMENDATION
SIGNATURE: DATE: ____/____/____
DEPUTY PRINCIPAL:
SIGNATURE: DATE: ____/____/____

To be detached by Head Teacher and given to student after decision noted

RECEIPT	LATE ASSESSMENT
NAME:	TASK:
DECISION:	
REASONS:	
SIGNATURE: Deputy Principal Date: ____/____/____	