



CALOUNDRA STATE HIGH SCHOOL

Year 10 Assessment adjustment application

This form should be completed when a student is unable to complete assessment due to unforeseen circumstances e.g. sickness, injury etc.

Please submit this form directly to the Administration office or email to

Y10assessmentadjustments@caloundrashs.eq.edu.au as soon as is practical. This form will then be forwarded to the respective Head of Department for their endorsement. Outcomes are communicated to the Student/parent via email.

Student name:		Class:
Subject	Assessment type	Due Date
Student statement		
Reason/s for inability to complete assessment:		
Student Signature:		Parent Signature:
Date:		
OFFICE USE:	APPLICATION RECEIVED:	
HEAD OF DEPARTMENT:	APPLICATION RECEIVED:	
The following are to be notified of outcome:	<input type="checkbox"/> Student	<input type="checkbox"/> Teacher
Record of Contact in OneSchool		
<input type="checkbox"/> APPROVED		<input type="checkbox"/> NOT APPROVED
New due date:		▪ Documented as "Contact" in OneSchool
HOD Signature:		Date: