



CALOUNDRA STATE HIGH SCHOOL

Assessment adjustment application

Years 7 to 10

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

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

7-10assessmentadjustment@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:		Year:
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:	Student Teacher Record of Contact in OneSchool
APPROVED New due date:	NOT APPROVED Documented as "Contact" in OneSchool
HOD Signature:	Date: