

APPENDIX 2: Assessment Missed Due to School/Other Business



[NB: Exemption form is required to be attached to this document]

Student Name: _____	Year: _____
First day of absence: Term:____ Week:____ Day: M T W T F Date: _____	
Last day of absence: Term:____ Week:____ Day: M T W T F Date: _____	
<input type="checkbox"/> School <input type="checkbox"/> Academic <input type="checkbox"/> Sport <input type="checkbox"/> Other _____	
Supporting documentation supplied <input type="checkbox"/> Yes <input type="checkbox"/> No	

Subject: Task: Original Date:	Teacher: Name: Signature:	Re-scheduled Date: Time:	Head Teacher: Signature: Date:	Deputy: Signature: Date:
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I agree that it is my responsibility to complete each task as allocated.

Student Name:

Signature:

Date:

☐ Student copy

☐ Faculty copy

☐ Office copy