

Documentary evidence included (tick the relevant item):

- medical certificate or report stating that I was unfit for duty for a period which includes the due date of the assessment OR
- funeral notice or equivalent demonstrating impact on the due dates OR
- third party signed statement (not the student/parent/carer) from a relevant independent professional of independent third party such as a witness or police report stating the nature of the misadventure and covering the due date of the assessment OR
- other- please specify: _____

Provide details of affected assessment in the table below.

Subject	Task No.	Assessment Type: (Exam or Assignment)	Class Teacher	Original Due Date	New date proposed by Subject HOD	Subject HOD signature	SS Approver (sign and date)

Student Name: _____ Signature: _____

Parent Name: _____ Signature: _____