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MISSED ASSESSMENT FORM

This **must** be completed within **three days** of missing an assessment deadline. A copy of this form must be completed for each assessment missed. Fill in the top section and attach the appropriate letters and/or certificates then hand this into the main office, copies will be passed on to the relevant Head of Faculty.

| | NAME: | FORM: | |
|---|--|-------|--|
| Date of Application: | | | |
| | Subject: | | |
| | Teacher: | | |
| | Standard Number and Title: | | |
| | Type of Assessment (<i>Practical, assignment, portfolio, test, etc</i>) | | |
| | Date of Assessment or due date: | | |
| | Reason for missing assessment: (\square one only) | | |
| | ☐ Illness: medical certificate must be attached | | |
| | ☐ Family/Personal trauma: documentation must be attached (e.g. letter from | | |
| | parent, counsellor and verified by your Dean) | | |
| | ☐ School Sporting/Cultural Activity: | | |
| | Signature of Teacher-in-charge of activity: | | |
| Decision by Specialist Subject Leader ☐ Extension Granted. New due date: | | | |
| ☐ Further Assessment Opportunity granted. New date: | | | |
| ☐ Application denied | | | |
| Comment: | | | |
| The reason for this decision has been explained to me and I accept the decision | | | |
| Sigi | Signed: (Student) | | |
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