Hornsby Girls High School
Assessment Task Application Form

Student Details

Student Name: _____

Year Group: Year 10 Year 11 Year 12

Roll Call Class: _____

Subject and Assessment Details

Subject: _____

Course Year: Stage 5 (Year 10) Year 11 (Preliminary) Year 12 (HSC)

Subject Teacher: _____

Subject Head Teacher: _____

Task Name/Number: _____

Assessment Type: Hand-in Task Presentation/Oral/Performance Test/Examination

Date Notified of Task: _____

Completion/Due Date: _____

Documents Attached to this Form

Student Impact Statement: Yes No

Letter from Parent/Caregiver: Yes No

HGHS Medical Certificate Form from Doctor: Yes No

Other: _____

Student Signature: Date:

Parent/Caregiver Signature: Date:

Deputy Principal Use Only:

Proposed Action:

Extension Task Rescheduled Consideration after all Tasks completed Penalty Other

Deputy Principal: _____

Deputy Principal Signature: _____

Office Use Only:

☐ **Entered into Appeal Spreadsheet** ☐ **Copy to Head Teacher** ☐ **Original on Student File**