



**ASSESSMENT TASK ABSENCE FORM**

Student Name \_\_\_\_\_

Home group \_\_\_\_\_

- In the case of **absence**, this form must be completed the day you return to school and it must be approved by a Co-ordinator within **2 days**. If it is approved there is an expectation that you will be prepared to complete the task the next scheduled class or at a time negotiated by the teacher (normally within **one week** of absence)

**Step 1**

**ABSENCE**

Subject \_\_\_\_\_ Teacher \_\_\_\_\_  
(Please print)

Assessment Task \_\_\_\_\_

Date task was missed \_\_\_\_\_

**Reason**

Medical certificate attached  Yes  No

**Step 2**

**Year Level / Senior Programs Co-ordinator Approval**

Yes  Graded

Not Graded (S or N only)

No  NA and therefore N for the unit

**Reason**

Co-ordinator signature

\_\_\_\_\_

Date \_\_\_\_\_

**Step 3**

**Teacher Acknowledgement**

New Date \_\_\_\_\_

Time \_\_\_\_\_

Venue \_\_\_\_\_

Subject teacher's signature \_\_\_\_\_