



Address: 286 Parkway Avenue, Hamilton  
Office: Hebburn Street, Hamilton  
Postal: PO Box 300, Hamilton NSW 2303  
Telephone: (02) 4961 2863  
Facsimile: (02) 4961 2384  
Email: admin@hamilton.catholic.edu.au

# Assessment Variation Application

T  
o  
b  
e  
c  
o  
m  
p  
l  
e  
t  
e  
d  
b  
y  
S  
t  
u  
d  
e  
n  
t

Please print using a black or blue biro

Student Name	Year
Home Phone Number	Tutor Group
House Coordinator	
Date Application was Submitted	

Make sure all sections are complete before submitting to the Studies Coordinator

## Assessment Task Details

Course	Date(s) of Task
Teacher	Class Code (Refer Timetable)
Description of Task	
Weighting	

## Reason for MISSING the Assessment Task or HANDING IT IN LATE

Tick appropriate box and give reason if needed

Illness       Bereavement       Misadventure       Approved Leave       Other

Reason

## Checklist (Tick each item when complete)

<input type="checkbox"/> The school office was notified of the absence	Time	Date
<input type="checkbox"/> A doctor's certificate is attached (for illness application)		
<input type="checkbox"/> A note from parent/guardian explaining absence is attached		
<input type="checkbox"/> I acknowledge rules contained in the school Assessment Policy regarding absence and possible 'zero' award or other penalties		

- For known absence(s) this form must be presented to the Studies Coordinator at least **48 hours in advance of the task**.
- For unknown absence(s) this form must be presented **no later than 48 hours after the task** otherwise 'zero' could be awarded.

Student Signature

\_\_\_\_\_

Studies Coordinator's  
Decision

Please return this completed application to the relevant Studies Coordinator

<input type="checkbox"/> Extension Granted	Date Due
<input type="checkbox"/> Sit Original Task (must sign Statutory Declaration)	Date Due
<input type="checkbox"/> Sit a Substitute Task	Date Due
<input type="checkbox"/> Penalty % <input type="checkbox"/> No Penalty	
<input type="checkbox"/> Provisional Estimate Granted	
<input type="checkbox"/> Zero Awarded	

Studies Coordinator

Copy to Student (via Teacher)       Copy to Dean of Studies       Copy to Student Coordinator for Student's File

**ALL PARTS OF THIS FORM TO BE COMPLETED**

