



Blakehurst High School

REQUEST TO RESCHEDULE DUE TO SCHOOL BUSINESS (APPENDIX D)

Principal

Mrs S. Kapsimalis

X Attach any supporting evidence here with a staple

Name of Activity:

Date: Venue:

**Principal
Mrs S. Kapsimalis**

Section A

Student's Name: Course: Year:

Parent's Name: Daytime parent contact number:

Name of Assessment Task:

Due Date: Class Teacher:

Nature of Task: (please circle)

- | | | | | |
|--------------------------|-----------------------|----------------------|---------------------|---------------------|
| Examination | Performance | Assignment | Field Work | Portfolio |
| Research Activity | Practical Task | Speaking Task | Viewing Task | Written Task |

Other (please specify):

Reason for application (attach supporting letter or documentation as necessary)

Parent/Carer Signature: Student Signature:

Date: / / Date: / /

Section B

To be completed by the Head Teacher

Head Teacher's Name: Faculty: Course:

Date of rescheduled task: / /

Student issued reschedule notification: Yes No

Head Teacher Signature: Date: / /

Section C

To be completed by the Deputy Principal

Comment:

Deputy Principal Signature: Date: / /

Copy to: Relevant Head Teacher, Student, Parent/Carer, Student File