



## MISSED EXAMINATION FORM

### STUDENT TO COMPLETE

**Step 1**

NAME:	Date request submitted:	
Home Group:	Student ID No:	
Subject:		
Date of scheduled assessment:		
Reason for Extension:		
Have you applied for an Extension previously:	YES/NO	
Supporting documents (e.g. Medical Certificate) handed in to Senior Schooling	YES/NO	
Student Signature:	Parent/Guardian Signature:	

### SUBJECT TEACHER TO COMPLETE

**Step 2**

Work ethic during set preparation time:	
Number of lessons missed:	
General comment:	
Signature:	Date:

### HEAD OF FACULTY TO COMPLETE

**Step 2**

Examination to be rescheduled:	
Number of lessons missed:	
Date of rescheduled examination:	
Time of rescheduled examination:	
Signature:	Date:

### DIRECTOR OF TEACHING AND LEARNING (Secondary)

**Step 3**

Additional Notes:	
Signature:	Date:

OFFICE USE ONLY:

Extension and Missed Examination Register updated:

