



Change of assessment date form

This form is to be used by a student if there is a valid reason for an internal assessment to be submitted past the due date.

Name_____ Kaiārahi_____

Reason for application (eg. Medical, family circumstances)

Supporting evidence if required (eg. Doctor's Certificate) please attach with application

Signed by:

Student_____ Caregiver_____

The decision to change the assessment date is made by the Principal's Nominee, Francine Nijdam, and the decision is final.