



## Missed Assessment Application Form

**Must be handed in within 3 school days of the missed assessment**

Fill in the top section, attach appropriate letters or certificates and hand to your subject teacher who will pass on to the HOD.

Name:	Tutor Group:
Date of application:	
Missed assessment details:	
Subject:	
Name of teacher:	
Standard number and title:	
Type of assessment ( <i>practical, assignment, test, etc</i> )	
Date of assessment or due date:	
<b>Reason for missing assessment:</b> (please tick one)	
<input type="checkbox"/> Illness: Pakuranga College medical form must be completed by doctor.	
<input type="checkbox"/> Family/personal trauma: <i>documentation must be attached (eg letter from parent, counsellor, or tutor group teacher/dean)</i>	
<input type="checkbox"/> School sporting / cultural activity: _____ Signature of teacher-in-charge of activity: _____	

<b>Decision by HOD/Principal's Nominee:</b>
<input type="checkbox"/> Extension granted. New due date: _____
<input type="checkbox"/> New assessment date granted. New date: _____
<input type="checkbox"/> Application denied. Comment: _____ _____
<b><i>The reason for this decision has been explained to me and I accept the decision.</i></b>
Signed: _____ ( <i>student</i> )
Signed: _____ ( <i>PN or HOD</i> ) Date: _____



To be completed by your doctor and handed to your dean on the day you return to school with your Missed Assessment Form.

**Section A - To be completed by the student before the form is given to the doctor.**

Name: \_\_\_\_\_ Tutor Group: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Assessments you were unable to sit / complete / prepare for:

Date	Subject	Level (e.g. Level 2)	Assessment

I/We give permission for general medical details to be supplied in confidence to the principal's nominee.

Student Signature: \_\_\_\_\_ Parent/Caregiver Signature: \_\_\_\_\_

**When Section A and Section B are completed, immediately return the form to the principal's nominee.**

**Section B - To be completed by a New Zealand registered medical practitioner.**

**Background Information**

1. This certificate is required if a student has missed an assessment due to a medical condition. The medical condition could have resulted in:

- (a) Lateness to an assessment or missed the deadline to hand in an assignment
- (b) Absence from an assessment or from school on the day an assignment is due in.
- (c) Impaired performance affecting an assessment. (This could be in the lead-up or on the day of the assessment).

3. If at all possible the student should have consulted the doctor on the day of the test/exam/assignment.

4. The doctor is requested to fill in the following information and sign and date the certificate as indicated.

(a) This is to certify that I was consulted by: \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_

(b) *Diagnosis.* (If appropriate, in general terms only):

(c) *Impairment.* Does/has the student's medical condition impair(ed) his/her performance in the assessment?  
Yes / No (Circle one)

**If yes,** what is the length of time of this impairment? From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

(e) *Absence/lateness.* Does the student's medical condition warrant the absence/lateness?  
Yes / No (Circle one)

**If the absence was warranted,** the student will be able to return to school \_\_\_/\_\_\_/\_\_\_

Considering the medical information available to me:

I support / do not support / do not have sufficient information (circle one) to form an opinion on this application.

**Doctor's name and surgery stamp:**

Address:

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_



**PAKURANGA COLLEGE**  
Appeal Application Form

Fill in the top section and hand to your teacher / HOD within 3 school days of getting your assessment back.

Name:	Tutor Group:
Date of application:	
Subject:	
Name of teacher:	
Standard number and title:	
Grade awarded:	
Date assessment returned to student:	
<b>Reason for appeal:</b>	
<input type="checkbox"/> I have discussed my grade with my subject teacher in the first instance.	
<input type="checkbox"/> I would like the HOD/Principal's Nominee to reconsider my grade. My reasons for this request are: <i>(please explain, using an extra sheet if needed)</i>	

<b>HODs Decision:</b>
<input type="checkbox"/> The grade awarded by the teacher stands.
<input type="checkbox"/> The grade awarded has been changed to _____
<b><i>The reason for this decision has been explained to me and I accept the decision.</i></b>
Signed: _____ (student)
Signed: _____ (HOD)      Date: _____
Principal's Nominee's decision/comment:
Signed: _____ (PN)      Date: _____