

PAKURANGA COLLEGE
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:	
Reason for missing assessment: (please tick one)	
<input type="checkbox"/> Illness: Pakuranga College medical form must be completed by a doctor.	
<input type="checkbox"/> Family/personal trauma: <i>documentation must be attached (e.g. letter from parent, counsellor, or tutor group teacher/dean)</i>	
<input type="checkbox"/> School sporting / cultural activity: _____ Signature of teacher-in-charge of activity: _____	

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

PAKURANGA COLLEGE MEDICAL FORM

Tel: (09) 534 7159 Fax: (09) 534 2365 info@pakuranga.school.nz



To be completed by your doctor and handed to your teacher 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:	
Reason for appeal:	
<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>	

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



Fill in the top section and hand to your teacher / Head of Faculty

Name:	Tutor Group:
Date of complaint:	
Subject:	
Name of teacher (if applicable):	
Description of complaint or issue:	

Description of HOFs investigation:

Principal's Nominee's Decision/Comment:
Signed: _____ (PN) Date: _____

Copies to Principal's Nominee, HoF, teacher and student