



JOHN EDMONDSON HIGH SCHOOL

Assessment Cover Sheet

(This sheet MUST be attached to the front of your Assessment Task)

NAME: _____ CLASS: _____

FACULTY: _____

TITLE OF ASSESSMENT: _____

DATE OF SUBMISSION: _____

I certify that this is my own work _____
(Signature of student)

Receipt of Assessment

(This section to be retained as a record of your assessment)

NAME: _____ CLASS: _____

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TITLE OF ASSESSMENT: _____

DATE OF SUBMISSION: _____ TEACHER SIGNATURE: _____



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