



# JOHN EDMONDSON HIGH SCHOOL

PRINCIPAL: Mr Brij Khanna

## Request for Consideration Years 7 – 9 APPLICATION FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Course/Subject: \_\_\_\_\_

Teacher: Class: \_\_\_\_\_

Task: \_\_\_\_\_

Due Date: \_\_\_\_\_ M / T / W / T / F (please circle)

Reason for request for consideration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supporting Documentation: YES / NO (please circle) Eg Doctor's Certificate

How has the reason provided affected the completion of the task? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval: YES / NO**

Explanation: \_\_\_\_\_

Penalty (where applicable): \_\_\_\_\_

- **A penalty of 10% reduction per day of the highest possible mark, will apply**
- **After 3 days a mark of zero will be recorded, however, completion of the task will still be required**

Head Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_