

Bellfield College

Assessment Task – Cover Sheet

Students need to complete and attach this cover sheet to every assessment task that is submitted

Student Name:		Year:		
Subject:		Teacher:		
Assessment Task:		Date Submitted:		
Student Statement				
I (your name in block letters) declare that this is work is my own and that any quotations, information or works have been properly acknowledged and cited in the bibliography or as footnotes.				
I understand that any work suspected of plagiarism will be placed under review and a zero mark awarded if found to be plagiarised.				
I have read and understand the school assessment procedures.				
Any dispute in marks must be taken to class teacher who will then take the question in dispute to the Head of Department.				
Student signature: Date:				
Warning				
Students are required to keep a hard copy of this assessment task in case of any unforeseen accident to original submissions.				
Please complete and retain the following receipt as evidence of submission of task.				
Student Name:	Teacher Name:			
Subject:	Task:			
Date:	Teacher Signature:			
	<u> </u>			



Bellfield College Assessment Task Extension Request

To be completed by the student and submitted to the subject teacher at least two days before the task is due. This form must be approved by the Head of Department.

Do not assume approvai.
Student's name: Year: Year:
Subject:
Subject Teacher:
Due date:
Nature of task
Weighting:%
Reason why you feel it is necessary to request an extension:
Parent/Guardian signature:
Subject Teacher comments:
Subject Teacher Signature: Date:
To be completed by the Head of Department
Has approval been granted? YES/NO
If yes, the new extension date is:
If no, the reason for rejecting this application is:
Head of Department Signature:



Bellfield College Assessment Task Late Submission

Student Name:	Year:			
Subject:	Teacher:			
Assessment Task:				
Date Submitted:	Due Date:			
Date/s of absence:	Total day/s:			
Reason for absence on day of task:				
Note: Appropriate evidence must accompany this application. (e.g. Doctor Certificate)				
Student signature:	Parent signature:			
LATE TASK RECEIPT				
Please complete and retain the following receipt as evidence of submission of task.				
Student Name:	Teacher Name:			
Subject:	Task:			
Due Date:	Date Submitted:			
Penalty:	Teacher Signature:			
Head of Department Signature Date				



Bellfield College

Illness & Misadventure

To be submitted on return of the task or on the first day of returning to school and submitted to the subject teacher or Head of Department

Student Name:	Year:		
Subject:	Teacher:		
Assessment Task:			
Date Submitted:	Due Date:		
Describe in detail the nature of the issue that affected your ability to complete or submit an assessment task to your best effort			
Describe in detail how your ability to complete or submit an assessment task to your best effort was affected			
☐ Medical Certificate attached☐ Other verification(specify)			
Student Signature: Date:			
Result of Application			
Decision: extension / alternate task / estimate given / late submission penalty			
Head of Department Signature:	Date:		
□ Approved□ Disapproved			
Head of Senior School Signature: Date.			



Bellfield College

Subject & Level Alteration

To be completed by the student and submitted to the Head of Department Student's name: Year: Year: **Alteration Request:** I wish to change from (Current subject) to (Desired subject/level). Reason: Student's signature: Parent's signature: **Existing Teacher** Comments: Signature: Date: New Subject Teacher: Comments: Signature: Date: To be completed by Head of Department NESA requirements met for Preliminary and HSC if request is granted? YES/NO Comments: Has approval been granted? YES/NO Schools online updated? YES/NO Student database updated? YES/NO

Head of Senior School: Date:



Bellfield College Assessment Appeal

Student Name:	Year:			
Subject:	Teacher:			
Assessment Task:	Date Submitted:			
Date of Appeal:				
Reason for appeal				
☐ The marks awarded with reference to the published marking criteria or rubric.				
☐ The administration of the task. Such as, inequitable processes being applied in the				
management of a task or student(s) gaining an unfair advantage as a result of				
cheating, prior knowledge or unauthorized time extension.				
☐ Whether the task conforms to the school's assessment policy as described in this				
assessment handbook. Such as, failing to notify that a task is assessable or not				
including a notified task in the assessment marks.				
Please explain your reasons for the appeal				
To be completed by Appeal Panel Members				
Decision and Reason				
Panel Members Signature				