



(To be completed by the student)

Date: _____ / _____ / _____

Student's Name: _____

Unit of Study: _____

Teacher: _____

Details of Course Work or Task:

Original due date for the completion of the task: _____ / _____ / _____

Reasons for application for extension of time:

This section to be completed by the teacher of the Unit of Study:

Extension of Time: Not Granted Granted
New Due date: _____ / _____ / _____

Reason (if not granted):

Signed: _____
(Class Teacher)

Date: _____ / _____ / _____



Dear Parents,

I am concerned that your son/daughter _____

is not making satisfactory progress in their Year 11/12 Studies for the reason(s) indicated below:

The teacher issuing this letter will include TWO copies. Could you please discuss these issues with your son/daughter and sign and return one of the forms to acknowledge that you have received this letter.

Yours sincerely,

Signed: _____
Teacher

Signed: _____
Year 11 & 12 Coordinator

Signed: _____
Student

Signed: _____
Parent



Date: _____ / _____ / _____

Student's Name: _____

Unit of Study: _____

Coursework: _____

Teacher: _____

Dear _____

Your child has not met the submission date for the course work noted above. As the work has not been submitted it cannot be assessed by the class teacher.

Currently this outcome is assessed as 'N' – Not Satisfactory, and as a result the whole unit of the study must be assessed as 'N' – Not Satisfactory.

Bayside Christian College endeavours to give each student every opportunity to succeed. Depending on the circumstances which have led to the non-submission of work, there may be ways of reviewing the current assessment. Please contact the College to discuss the reasons for this worrying situation, and any possible way of your child gaining an 'S' (Satisfactory) for this outcome.

Yours sincerely,

Signed: _____
Teacher

Signed: _____
Student



Date: _____ / _____ / _____

Student's Name: _____

Unit of Study: _____

Outcome/Task: _____

Teacher: _____

Dear _____

This letter is to inform you that your son/daughter has received an unsatisfactory grade according to our Assessment policy:

To receive an "S" for a Unit, students must satisfactorily demonstrate achievement of *each of the outcomes* for that unit as specified in the study design. Achievement of an outcome means that outcomes must receive a minimum of D (50%).

Your son/daughter will be required to re-submit or re-sit the task, after working with the teacher to address any difficulties. SAC re-sits take place on Mondays after school.

Date for re-submission or re-sit: _____

If you have any questions about the assessment policy, or would like information of how to further support your son/daughter, please do not hesitate to contact us.

Yours sincerely,

Year 11 & 12 Coordinator

We have provided TWO COPIES, one for your reference, and one to sign and return to the College.

Signed: _____
Parent

Signed: _____
Student



Student's Name: _____

You may add further information on any item on the back of this form.
Hand the completed form to the Year 11 & 12 Coordinator.

- 1. Details of the decision for which reconsideration by the Appeals Committee is requested.

Nature of the original request: _____

Decision which was made: _____

Decision made by: _____

Decision made on: _____ / _____ / _____

- 2. Reasons for Appeal: (Why do you think the decision made was wrong?)

Do you wish to talk to the Appeals Committee personally about this Appeal? Yes No

Is there further information on the back of this form? Yes No

Signed: _____
(Student)

Date: _____ / _____ / _____

Received on: _____ / _____ / _____

Signed: _____
(Year 11 & 12 Coordinator)

Result of Appeal:

Signed: _____
(Principal)

Date: _____ / _____ / _____



Appendix 6

ABSENTEEISM

Date: _____ / _____ / _____

Student's Name: _____

Unit of Study: _____

Dear _____

College policy states that Year 11 & 12 students must attend for at least 90% of classes to satisfactorily pass their courses.

This term your son/daughter has been absent from this subject for a number of lessons, equating to an absence of _____.

As a result your son/daughter is in danger of failing this subject due to this poor attendance record.

Please ensure your son/daughter is present at all classes and that a medical certificate is supplied for any absences.

Please sign and return this form to the subject teacher to acknowledge receipt. Feel free to contact the teacher or coordinator to discuss further.

Yours sincerely,

Signed: _____
Subject teacher

Signed: _____
YEAR 11 & 12 Coordinator



Appendix 7 VCE CHANGE OF SUBJECT / WITHDRAWAL FORM

Student Name:			
Date:	____ / ____ / ____	Year level:	

Subject changing FROM:	Subject changing TO:
Is this an Edrolo subject? (circle) Yes No	Is this an Edrolo subject? (circle) Yes No

Work and Resources required:
New Subject teacher to indicate any work needing to be undertaken and resources needed in order to prepare for entry into the class.

	Signatures
Careers Advisor	
Parent	
Moving FROM class teacher	
Moving TO class teacher	
Year 11 & 12 Coordinator	

Office Use only:

Edumate Timetable VASS

Finance Edrolo

Date: _____ / _____ / _____

WHEN FINALISED, THE YEAR 11 & 12 COORDINATOR WILL RETURN THIS FORM TO THE VASS COORDINATOR



Students must request permission if they are to miss an assessment for any reason other than illness. Requests must be made via this form no less than 2 days before the assessment.

Student's Name: _____

Unit of Study: _____

Title of Assessment: _____

Teacher's Name: _____

Reason for request: _____

APPROVED:
Teacher's Signature: _____

Agreed Assessment date/time: _____

OR

DENIED:
Teacher's Signature: _____

Reason/s: _____

Year 11 & 12 Coordinator's signature: _____



Students must request permission if they are to miss a class for any reason other than illness. Requests must be made via this form **no less than 2 days** before the class. This particularly applies to Rally Days and volunteer work/fundraising activities in the school. It does not apply to College excursions/camps. **Teachers have the right of refusal** if a student is behind in their studies and/or is in danger of failing and should note this clearly for the Coordinator’s attention.

DETAILS

Student’s Name: _____

Reason for Absence: _____

Date of Absence: _____

CLASSES AFFECTED

Subject: _____

Teacher’s Name and signature: _____

Catch up Work: _____

Subject: _____

Teacher’s Name and signature: _____

Catch up Work: _____

Subject: _____

Teacher’s Name and signature: _____

Catch up Work: _____

Subject: _____

Teacher’s Name and signature: _____

Catch up Work: _____

Subject: _____

Teacher’s Name and signature: _____

Catch up Work: _____

Year 11 & 12 Coordinator’s signature: _____



Appendix 10 CHANGE OF VCE / VCAL CERTIFICATE FORM

Student Name:			
Date:	____ / ____ / ____	Year level:	

Certificate changing **FROM:**

VCE to VCAL

VCAL to VCE

Reasons for change:

Eligible for new certificate:

Yes

No

	Signatures
Parent	
Year 11 & 12 Coordinator	
Careers Coordinator	

Office Use only

Date ____ / ____ / ____

Timetable

Teachers emailed

Edumate

VASS Finance



Appendix 11 DISTANCE EDUCATION APPLICATION

Student Name:			
Date:	____ / ____ / ____	Year level:	

Subject wishing to undertake

Reasoning

	Signatures
Careers Advisor	
Parent	
Potential Bayside Supervising teacher	
Year 11-12 Coordinator	
Distance Education Coordinator	
Principal	

Office Use only:	Edumate <input type="checkbox"/>	Timetable <input type="checkbox"/>	VASS <input type="checkbox"/>
Date: _____ / _____ / _____	Finance <input type="checkbox"/>	Edrolo <input type="checkbox"/>	



STUDENT DRIVER FORM

This form must be completed and lodged with the Year 11/12 Coordinator prior to a College Parking Permit being issued.

Student

Student Name _____

Student Signature: _____ Date: _____

***Note:** A photocopy of the student's licence must be attached to this form.*

Parent

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

In signing this, we accept all conditions outlined in the College's Student Driver Policy

Description of Vehicle

Car Registration Number: _____ Car colour _____

Make of Car: _____

***Note:** If the student intends to drive any car other than the one registered on this form, it must also be registered with the College.*

College Approval

Approved By: _____ Position: _____

Signature: _____ Date: _____

Guidelines for Student Drivers

To protect the safety and welfare of all students:

1. You will need to adhere to road rules and drive in a safe and responsible manner.
2. You are only to use your car for travelling to and from the College unless permission has been granted to leave the College during study periods at the end of the day. Your car make and registration details must be recorded with the school.
3. You are not permitted to drive other students to and from the College without the parent/guardian of those students completing the permission form.
4. You must not accept an offer of a ride to or from the College from another student unless the permission form has been completed.
5. If you are driving to and from the College:
 - i. You must complete the College Car Parking Permission Form.
 - ii. You are only permitted to park in the assigned parking for students
 - iii. Cars are parked at the owner's own risk.



Appendix 12B STUDENT PASSENGER FORM

This form must be completed by a parent/guardian of any student intending to travel to the College as a passenger of a student of this College who drives a car to and from the College or its programs and functions.

I give approval for

Student Passenger's Name: _____

to travel with

Student Driver/s' Name/s: _____

We accept all conditions detailed in the College's Student Driver Policy.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Passenger Name: _____

Student Signature: _____ Date: _____

College Approval

Approved By: _____ Position: _____

Signature: _____ Date: _____

APPLICATION FOR SPECIAL PROVISION IN VCE/VCAL

To be used for: Year 10 application for entry into Year 11 (ongoing need)
Year 11/12 application (new situation)

This form is to be used for any special provision request.

A separate application for VCE external assessments will also need to be completed and submitted by the College to VCAA to obtain special provision for Unit 3/4 Exams.

1. Overview

The VCAA Special Provision Policy is to ensure that the most appropriate, fair and reasonable options are available for students to demonstrate their capabilities if their learning and assessment programs are affected by disability, illness, impairment or other circumstances.

Special provision is available to students completing the VCE or VCAL for classroom learning, school based assessment and VCE external assessments.

2. Eligibility Criteria:

Students may be eligible for Special Provisions if they are adversely affected **in a significant way** by:

- An acute or chronic illness (physical or psychological)
- Factors relating to personal circumstance
- An impairment or disability, including learning disorders

These circumstances do not include matters or situations of the student's own choosing, such as involvement in social or sporting activities or school events.

3. Evidence required (from parent/carer):

Please attach all relevant documentation. If the College has already been provided with this, please note:

- Professional testing: educational, psychological assessments
- Medical reports
- Any other relevant information

School use only:**4. Type of provision being requested**

(To be completed by staff)

- Extra time for tasks
- Modified tasks in class
- Technology - specify _____
- Aides for scribing/reading/clarifying - please specify _____
- Special arrangements for sitting SACs
- Rest breaks
- Other - please specify _____

Attach:

- Teacher observations of student in class
- Reports from Learning needs coordinator
- Copies of medical reports
- Copies of Assessments (medical, educational, psychological)

Outcome:

- Approved
- Not approved
- More information required
- VCAA application to be made