



(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 9 / 10 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 one of the forms to acknowledge that you have received this letter.

Yours sincerely,

Signed: _____
Teacher

Signed: _____
Year 9 & 10 Coordinator

Signed: _____
Student

Signed: _____
Parent



NON SUBMISSION OF COURSEWORK

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 the task, after working with the teacher to address any difficulties.

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 9 & 10 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 9 & 10 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 9 & 10 Coordinator)

Result of Appeal:

Signed: _____
(Principal)

Date: _____ / _____ / _____



Appendix 6

ABSENTEEISM

Date: _____ / _____ / _____

Student's Name: _____

Unit of Study: _____

Dear _____

College policy states that Year 9 and 10 students must attend for at least 90% of classes to satisfactorily pass their courses.

This term your son/daughter has been absent from _____ for _____ days, this equates to a _____ % absence. As a result your son/daughter is in danger of failing this subject due to this poor attendance record.

Please contact the College to schedule a convenient time to discuss this situation.

Yours sincerely,

Signed: _____
Subject teacher

Signed: _____
YEAR 9 and 10 Coordinator



Appendix 8 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 9 & 10 Coordinator	

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

WHEN FINALISED, THE YEAR 9 & 10 COORDINATOR WILL RETURN THIS FORM TO THE VASS COORDINATOR



PERMISSION FOR ASSESSMENT ABSENCE

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.

ABSENCE ON AN ASSESSMENT DAY WITHOUT THIS COMPLETED FORM MEANS A **MEDICAL CERTIFICATE MUST BE SUPPLIED**

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 9 & 10 Coordinator's signature: _____



PERMISSION FOR CLASS ABSENCE

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. Teachers have the right of refusal if a student is behind in their studies and/or is in danger of failing.

Student's Name: _____

Unit of Study: _____

Teacher's Name: _____

Reason for request: _____

APPROVED:
Teacher's Signature: _____

Catch up work: _____

OR

DENIED:
Teacher's Signature: _____

Reason/s: _____

Year 9 & 10 Coordinator's signature: _____



Appendix 11 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
Careers Coordinator	
Parent	
Year 9 & 10 Coordinator	

Office Use only

Date ____ / ____ / ____

Timetable

Teachers emailed

Edumate

VASS Finance