



BRACKEN RIDGE
STATE HIGH SCHOOL

MISSED EXAMINATION

STEP ONE Student and Parent/Carer	STUDENT TO COMPLETE			
	Name:		Date request submitted:	
	Subject:			
	Date of scheduled examination:			
	Reason for missed examination:			
	Documentary Evidence Attached:		YES / NO	
	Student Signature:		Parent/Carer Signature:	
STEP TWO Faculty Head of Department <i>(if multiple exams go to step three)</i>	Head of Department TO COMPLETE			
	Exam to be rescheduled:		YES / NO	
	Date of rescheduled examination:			
	Time of rescheduled examination:			
	Supervisor of rescheduled examination:			
	Number of lessons missed:			
HoD Signature:		Teacher Signature:		
STEP THREE Head of Department Junior/Senior Schooling	MULTIPLE EXAMS ONLY – Head of Department TO COMPLETE			
	Exams to be rescheduled:		YES / NO	
	Details of rescheduled examinations:			
	Date of Exam	Time of Exam	Exam Supervisor	
Head of Department Signature:				