

Holy Trinity Late/Missing Assessment Contract

Student's Name: _____

Date: _____

Course: _____

Late/Missed Assessment: _____

Original Due Date:	New Due Date:	Study Hall Date:
Reason Assessment was not completed:	<ul style="list-style-type: none"> <input type="radio"/> Personal Illness <input type="radio"/> Parent Approved late/absence <input type="radio"/> Family Vacation <input type="radio"/> Bereavement 	<ul style="list-style-type: none"> <input type="radio"/> Extra-curricular activity/field trip <input type="radio"/> Unexcused late/absence (truant) <input type="radio"/> No reason <input type="radio"/> Other: _____

I understand that by not meeting the negotiated deadline, not attending the assigned study hall date **or not** submitting this form, signed by a parent/guardian, I will receive a mark of zero 'O' on this assessment in the determination of my final grade in this course.

I also understand that if I attend after school study hall I must attend the after school 'study hall' until the late/missed assessment is complete.

Student signature: _____

Teacher signature: _____

Parent/Guardian signature: _____

Admin signature: _____



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