



ALTERNATIVE SAC REQUEST FORM

Student Name

Subject.....

Unit Number.....

Date completed / submitted: ____/____/____

Date assessment returned: ____/____/____

Details of Original Assessment Task

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Original Date of SAC: ____/____/____

Requested Date for SAC: ____/____/____

Please explain the reason for seeking an alternate SAC date. Provision of third party evidence is preferred.

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Student Signature..... Date: ____/____/____

Parent / Guardian Signature..... Date: ____/____/____

Request Approved: YES / NO

Alternate SAC Date: ____/____/____

Subject Teacher's Signature..... Date: ____/____/____

VCE Learning Coordinator Signature..... Date: ____/____/____

Copy returned to Student: YES / NO

Please note that an application for an alternate SAC date will not be automatically approved. The student must establish clear grounds in adherence with Northside Christian College's policy regarding alternate SAC dates. This policy is explained in the VCE Student Handbook.

Any third party documentation to support this application will assist in its approval. For example, a medical certificate that identifies a student has been unable to perform school work for a period of days.