



APPLICATION FOR ALTERNATE ASSIGNMENT

MR. SMITH | ROOM 2D2 | DASMITH@SJSJSD.NET

COLLEGE STURGEON HEIGHTS COLLEGIATE

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Student Name: _____

Teacher Name: _____

Current Mark: _____

Course: _____

Original Assignment: _____

Date Assigned: _____

Date Due: _____

The reason for not handing in the original assignment was (check all that apply):

- Illness
- Insufficient time to complete the assignment
- Course load from other classes
- School activity commitments
- Outside work commitments
- Outside activity commitments
- Family issues
- Other _____

You must also attach a copy of any work that you have been able to complete to this point.

Dear Parent,

If you approve of the reason your child did not hand in this assignment, they will be given an alternate assignment to complete (subject to a 10% late penalty). They will have one week to complete the alternate assignment and submit it for marking. Failure to hand it in by the new due date will result in a final mark of zero for this assignment.

If you do not approve of the reason your child did not hand in this assignment, no alternate assignment will be given. They will receive a final mark of zero on the original assignment.

Please sign on the appropriate line below to indicate your choice.

Parent/Guardian signature:

I _____ am aware that my child did not submit this assignment, and **I approve** of the reason given.

I _____ am aware that my child did not submit this assignment, and **I do not approve** of the reason given.