



Lachlan Access Program

Assessment Task Cover Sheet

STUDENTS NAME: _____

DUE DATE: _____

COURSE: _____

No. Of Pages
(including cover
sheet) _____

TITLE OF ASSESSMENT TASK: _____

DATE HANDED IN: _____

OFFICE SIGNATURE: _____

MARK: _____ **GRADE:**

RANK ORDER:.....

GENERAL COMMENT:

Marker's Signature:.....**Date:**.....



STUDENT RECEIPT – ASSESSMENT TASK HANDED IN

(Complete Items 1 - 3, have receipt signed, detach and kept by student).

On (1) (date), an assignment for (2)(course)
was handed to the front office by (3).....(student).

OFFICE Signature:.....**PRINT NAME**.....

Please be reminded all text based tasks, powerpoint presentations etc need to be emailed to westernlap@det.nsw.edu.au

All practical submissions to the school office, are to be submitted before 9.00am, inclusive of a cover sheet and an accompanying email sent to westernlap@det.nsw.edu.au