

Good Standing – Application for Case Review

Available from Week 4 each Term and submitted to relevant YLC



Name: _____ HG: _____ YLC: _____

1. To be completed by **HG Teacher** and current **Subject Teachers**:

Teacher Name	Signature	Effort	Behaviour	Uniform	Assessment Up-to-Date	Other
		Excellent (E); Very Good (VG); Satisfactory (S); Unsatisfactory (U)			Yes (Y) or No (N)	

2. Attach completed **Growth Card** or other evidence (if applicable)

3. **Submit** to Year Level Co-ordinator

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

YLC Signature: _____ Date: _____

Office Use Only:	
Approved/Not Approved:	
Reason:	
Uploaded to OneSchool:	
Deputy Principal Signature:	
Date:	