

# APPLICATION FOR ASSESSMENT EXTENSION (YEAR 10)

**STEP 1 - TO BE COMPLETED BY STUDENT AND / OR PARENT**

<b>Student name:</b>	SURNAME, First name	<b>Connect class:</b>	
<b>Parent name:</b>	SURNAME, First name	<b>Parent email / phone:</b>	Click here to enter text

Subject	Assessment	Teacher	Due date	New due date* <small>(this column to be entered by HOD when approved)</small>
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /
			/ /	/ /

<b>Reason for extension request:</b>			
<input type="checkbox"/> illness <small>(supported by medical certificate)</small>	<input type="checkbox"/> details with Guidance Officer <small>(GO to sign)</small>	<input type="checkbox"/> other:	
<b>Supporting information</b> (tick whichever apply and please attach):			
<input type="checkbox"/> assignment draft / progress	<input type="checkbox"/> medical certificate	<input type="checkbox"/> details with Guidance Officer	<input type="checkbox"/> other

<b>Student signature:</b>		<b>Date:</b>	/ /
<b>Parent signature:</b>		<b>Date:</b>	/ /

**STEP 2 - TO BE COMPLETED BY HEAD OF DEPARTMENT/GUIDANCE OFFICER**

<b>Extension granted:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No   (enter revised due dates in subject details above)
<b>Comments / details</b>	

<b>HOD / GO signature:</b>		<b>Date:</b>	/ /
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Office use: <input type="checkbox"/> Completed form to SS AO     <input type="checkbox"/> Scan emailed (student, parents teachers & HOD)     <input type="checkbox"/> Scan saved to OS & G:\
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