INDOOROOPILLY STATE HIGH SCHOOL

APPLICATION FOR ASSESSMENT EXTENSION (YEAR 10)

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

Student name:		**Connect class:**	
Parent name:		**Parent email / phone:**	

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

Reason for extension request:		
☐ illness (supported by medical certificate)	☐ details with Guidance Officer (GO to sign)	☐ other:

Supporting information (tick whichever apply and please attach):

☐ assignment draft / progress	☐ medical certificate	☐ details with Guidance Officer	☐ other

Student signature:		**Date:**	/ /
Parent signature:		**Date:**	/ /

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

Extension granted:	☐ Yes ☐ No (enter revised due dates in subject details above)
Comments / details	

HOD / GO signature:		**Date:**	/ /

Office use:
☐ Completed form to SS AO | ☐ Scan emailed (student, parents teachers & HOD) | ☐ Scan saved to OS & G:\