



APPLICATION FOR ASSESSMENT EXTENSION (YEARS 11 & 12)

Complete this form in conjunction with the ISHS Years 11 & 12 Assessment Policy, available at <https://indooroopshs.eq.edu.au/our-school/policies/assessment-policy>

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

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

Subject	Assessment	Teacher	Due date DD/MM/YY	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
Comments / details	

HOD / GO signature:		Date:	
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Office use:	☐ Completed form to SS AO ☐ Scan emailed (student, parents teachers & HOD) ☐ Scan saved to OS & G:\ ☐ AARA application completed in QCAA Portal		
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