

APPLICATION FOR ASSESSMENT EXTENSION (YEAR 7-9)

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:			
<input type="checkbox"/> illness (supported by medical certificate)	<input type="checkbox"/> details with Guidance Officer (GO to sign)	<input type="checkbox"/> other:	
Supporting information (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

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

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

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

HOD / GO signature:		Date:	/ /
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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:\
