

STATE HIGH SCHOOL APPLICATION FOR ASSESSMENT EXTENSION (YEARS 11 & 12)

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

STEP 1 - TO BE COM	IPLETED BY STUDENT	AND / OR PARENT			
Student name:				Connect class	:
Parent name:			Parent email / phone:	,	
Subject	Assessme	nt Tea	cher	Due date DD/MM/YY	New due date* (this column to be entered by HOD when approved)
Reason for extensi	on request:				
☐ illness (supported by medical certificate)	☐ details with Guidance Officer	□ other:			
Supporting inform	ation (tick whichever	apply and please atta	ch):		
☐ assignment draft / progress	☐ medical certificate	☐ details with Guidance Officer	□ other		
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Student signature:				Date:	
Parent signature:				Date:	
STEP 2 - TO BE COM	IPLETED BY HEAD OF	DEPARTMENT/GUID	ANCE OFFICER		
Extension granted:	YES NO				
Comments / details					
HOD / GO signature:				Date:	

☐ AARA application completed in QCAA Portal

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

Office use: