

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>

Privacy Collection Notice

Indooroopilly State High School is collecting your personal information in accordance with the *Information Privacy Act 2009 (QLD)* for the purpose allowing you to lodge an application for extension of assessment. The information will only be accessed by authorised departmental employees. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

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:	

Office use: <input type="checkbox"/> Completed form to SS AO <input type="checkbox"/> Completed form saved to G:\Snr Sec by SS AO <input type="checkbox"/> Completed form ready for QCAA as needed
