



Indooroopilly State High School

APPLICATION FOR ASSESSMENT EXTENSION/EXEMPTION

STEP 1 - TO BE COMPLETED BY STUDENT

Student Details

Student Name: _____ Connect Group: _____

Parent's Contact details: _____

Subject Details

Subject: _____ Teacher: _____

Name/Type of Assessment: _____ Due Date: _____

Reason for request:

Student Signature: _____ Parent Signature: _____ Date: _____

- Supporting Information:**
- | | | |
|---|-----------------------------|------------------------------|
| 1. Assignment draft (attached) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Medical Certificate (attached) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Details are with school Guidance Officer | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Other (attach details) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

STEP 2 - TO BE COMPLETED BY HEAD OF DEPARTMENT

- Action Taken:**
1. Extension Granted No Yes until: ___ / ___ / ___
2. Exemption Granted No Yes
- Details of Make-Up Assessment (if applicable):

HOD Signature: _____ and Principal Signature (for exemptions): _____ Date: _____

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STEP 3 - TO BE RETURNED TO STUDENT FOR ATTACHMENT TO ASSESSMENT PIECE

Student Name: _____

- Action Taken:**
1. Extension Granted No Yes until: ___ / ___ / ___
2. Exemption Granted No Yes
- Details of Make-Up Assessment:

HOD Signature: _____ and Principal Signature (for exemptions): _____ Date: _____