ASSESSMENT EXTENSION REQUEST

Please read these instructions

- This form must be completed and presented to both your subject teacher and relevant Curriculum Leader
 THE WEEK BEFORE THE DUE DATE of the assignment TOGETHER WITH EVIDENCE OF WORK completed so far
- Your parent's / carer's signature must be obtained after the student section has been completed.
- Please attach supporting documents (e.g. medical certificate, parent's note) to this form.
- Submit form and all relevant documentation as early as possible to the teacher/ Curriculum Leader.
- This completed form is to be attached to your assignment when the extension has been approved to avoid consequences of late submission of work.

TO BE COMPLETED BY STUDENT	
Task Number / Task Title:	
Today's Date:	Original Due Date of Assignment:
Student's Name:	Subject: Year Level:
Task Description:	
Extension is requested until:	
(Proposed date only – see Curriculum Leader	r section for final decision on new submission date)
Reason for Requesting Extension:	
TO BE COMPLETE	D BY PARENT OR CARER
Parent / Carer contact details (kindly print name and provide daytime contact numbers please)	
Name:	Phone number(s)
Signature of parent / carer	
TO BE COMPLETED BY SUBJECT TEACHER	
Evidence of work so far prepared: YES	NO
Teacher Name	ds:
Signed:	Date:
TO BE COMPLETED BY CURRICULUM LEADER	
E tracks County NEO (ACREER RUE)	DATE \ \ NO
Extension Granted : YES (AGREED DUE I	
Comments:	
Signed:	Date:
Class teacher and Curriculum Leader has been notified:	■ by email
TO BE COMPLETED BY ASSISTA	NT PRINCIPAL LEARNING AND TEACHING

Final Approval Signature: Date: