



YEAR 7-9 ASSESSMENT EXTENSION REQUEST

Please read these instructions

This form must be completed and presented to both your subject teacher and the relevant Curriculum Leader

THE WEEK BEFORE THE DUE DATE of the assignment **TOGETHER WITH EVIDENCE OF WORK**

- 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.
- 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

Subject: Teacher Name:

Task Number / Task Title:

Task Description:

Today's Date: Original Assignment Due Date:

Student's Name: Year Level:

Reason for Requesting Extension:

Extension requested until: Student's Signature:

(Proposed date only - see Curriculum Leader section for final decision on new submission date)

TO BE COMPLETED 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: Comments:

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Signed: Date:

TO BE COMPLETED BY CURRICULUM LEADER

Extension Granted: YES (AGREED DUE DATE:) NO

Comments:

.....

Signed: Date:

TO BE COMPLETED BY CURRICULUM LEADER - MIDDLE YEARS

Final Approval Signature: Date:

Student has been notified of the decision

☐ By email

Class teacher and Curriculum Leader has been notified

☐ By email