



YEAR 7-9 SPECIAL CONSIDERATION REQUEST – ASSIGNMENT

Please read these instructions

This form must be completed and returned to SAO

AS SOON AS POSSIBLE AFTER THE DUE DATE

- 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.
- The Curriculum Leader – Middle Years will notify you via email regarding your request.
- They will also notify the relevant Curriculum Leader and classroom teacher regarding the decision.

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:

..... Student's Signature:

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 CURRICULUM LEADER – MIDDLE YEARS

Special Consideration Request Granted: YES NO

Comments:

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Signed: Date:

Student has been notified of the decision

☐ By email

Class teacher and Curriculum Leader has been notified

☐ By email