

## YEAR 7 – 10 ASSIGNMENT EXTENSION APPLICATION

This form is to be completed by the student and signed by a parent/caregiver and then submitted to the relevant Head of Department.

**STUDENT NAME:** \_\_\_\_\_ **FORM:** \_\_\_\_\_  
**SUBJECT:** \_\_\_\_\_ **TEACHER:** \_\_\_\_\_

**Assessment Item Name:** \_\_\_\_\_

**Assessment Item Type:**  Assignment  Task  Exam

**Due Date:** \_\_\_\_\_

**Reason for extension request:**

Documentation provided (e.g. medical certificate)

YES  NO

Parent / Caregivers  
Signature \_\_\_\_\_

*If emailed from parent/caregiver then  
signature is not required.*

## HEAD OF DEPARTMENT APPROVAL

HOD Name: \_\_\_\_\_

Date: \_\_\_\_\_

Extension **Approved.**

New Due Date: \_\_\_\_\_

Extension **Not Approved.**

**Comments:**

*\*A printed copy of this form is to be:*

- 1. given to the student*
- 2. emailed to Parent/Carergiver*
- 3. recorded in OneSchool (record of contact)*