

Assignment Extension Request

Except in special circumstances, this request must be personally submitted to the Secondary office 1 day before the due date.

Student's Name: _____ Year Level: _____

This section is to be completed by the STUDENT.

Subject: _____ Teacher: _____

Name of Assignment: _____ Due Date: _____

Number of "in-class" lessons allocated: _____ ☐ I **have** used my one free extension this year.
(Only available for students in Years 7-10)

☐ I **have not** used my free extension this year.
Reason for extension request. *(Attach any doctor's certificates or parental notes.)*

Signature: _____ Date: _____

This section is to be completed by the CLASS TEACHER.

Extension Recommended: ☐ Extension NOT Recommended: ☐

Suggested New Due Date: _____

Comment: _____

Signature: _____ Date: _____

This section is to be completed by the HEAD OF SECONDARY.

Extension Granted: ☐ Extension not Granted: ☐

Reason: Free: ☐ Special: ☐ New due date: _____

Details *(if required)*: _____

Signature: _____ Date: _____

Copy to student: ☐ Copy to class teacher: ☐ Original to student file: ☐