

<b>Student Name</b>											
<b>Year Level</b>	<b>7</b>		<b>8</b>		<b>9</b>		<b>10</b>		<b>11</b>		<b>12</b>
<b>Reason for Request and/or Dates of Absence</b>											

Assessment to be Completed				
Subject	Teacher	Assessment Item (Draft or Final)	Original Due Date	New Due Date

Grounds for Your Request				
<b>A</b>	<b>Medical Condition</b>			
i)	Medical certificate attached	<b>Yes</b>		<b>No</b>
ii)	If no documentary evidence is available, a written explanation is required			
<b>B</b>	<b>Non-Medical Reasons</b>			
i)	Documentary evidence attached	<b>Yes</b>		<b>No</b>
ii)	If no documentary evidence is available, a written explanation is required			
<b>Student Signature</b>			<b>Date</b>	
<b>Parent Signature</b>			<b>Date</b>	

Office Use Only - HOD				
<b>Subject HOD</b>		<b>Signature</b>		<b>Date</b>
<b>Deputy Principal/ Guidance Officer</b>		<b>Signature</b>		<b>Date</b>
<b>Approval</b>		<b>Yes</b>		<b>No</b>
<b>Comments</b>				

**This completed form must be attached to the assessment item**

**Instructions - Assessment Extension Request**

1. Complete the Assessment Extension Request form.
2. Attach documentary evidence.
3. Submit and discuss with the subject Head of Department.
4. Subject Head of Department will either approve/not approve or refer the matter to the Deputy Principal or Guidance Officer for consideration. Email notification of outcome.