

APPENDIX A

## CENTENARY HEIGHTS STATE HIGH SCHOOL APPLICATION FOR ASSESSMENT EXTENSION

**\*\*Must be filled in and handed to the relevant Head of Department before due date! \*\***

<b>Student's name:</b>		<b>PCG:</b>	
<b>Teacher:</b>		<b>Subject/Class Code:</b>	
<b>Type of Assessment:</b>		<b>Current due date:</b>	
		<b>Requested due date:</b>	
Reason for extension  (Please provide supporting evidence e.g. Medical Certificate, note from parents)			

- HOD actions required:**
- New due date communicated to Teacher, Student and Parent
  - Record of Contact recorded on OS with a copy of this form attached

✂ -----

**THIS FORM MUST BE ATTACHED TO YOUR ASSESSMENT ITEM WHEN SUBMITTED ON THE NEW DUE DATE.**

Student's name			
Extension granted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Assessment item/Comments			
If Yes, the due date is now:	____/____/____		

Name	Signature	DATE