

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! ****

Student's name:	PCG:
Teacher:	Subject/Class Code:
Type of Assessment:	Current due date:
	Requested due date:
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

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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	