



APPENDIX A

**CENTENARY HEIGHTS STATE HIGH SCHOOL
APPLICATION FOR ASSESSMENT EXTENSION**

****Must be filled in and handed to 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 eg Medical Certificate, note from parents?)	<hr/> <hr/> <hr/> <hr/>
Teacher Comments (You will not receive an extension if this sections is not filled in)	<hr/> <hr/> <hr/>

✂ -----

Students's name	
Extension granted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment item	
If Yes, the due date is now:	<hr style="width: 100%; border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="width: 100%; border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="width: 100%; border: none; border-top: 1px solid black;"/>

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