

Application for Access to Extension (Year 7 - 10)

This form is for use by students seeking an extension of time on a single task within a single subject. In the absence of extenuating circumstances, applications made within one week of the original due date, without necessary supporting documentation will not be considered. Completed applications must be submitted to the **Middle School (Year 7 – 9) or Senior School (Year 10) Coordinator** for final approval.

FIRST NAME: _____ SURNAME: _____

YEAR LEVEL: _____ HOUSE: _____ DATE: _____

SUBJECT: _____ TASK: _____ DUE DATE: _____

REASON FOR REQUEST

Supporting documentation attached: Medical Certificate / Report Statutory Declaration Other: _____

Student's signature: _____ Parent's signature: _____

RECOMMENDATION AND CONDITIONS – Subject Teacher

New due date for the task: _____

Recommendation: Yes No Signature: _____

RECOMMENDATION – Subject Coordinator

Recommendation: Yes No Signature: _____

APPROVAL – Middle School or Senior School Coordinator

Application: Approved Approved subject to documentation Not approved

Signature: _____ Date: _____