Students should apply for an Extension/Special Provisions BEFORE the due date

- Attach a copy of the Medical Certificate or other relevant documentary evidence.
- Submit any additional information on a separate sheet of paper.

STUDENT DETAILS

Name: ___________________________ YEAR _____ PC _____________

ASSIGNMENT/ASSESSMENT DETAILS

Assessment/Assignment: _____________________________

Date originally given: ___________________ Teacher:___________________________

Draft Copy Due Date: _______________ Final Copy Due Date: _______________

Valid reason for Extension request (not applicable for Special Provision): _______________

____________________________________________________________________________

____________________________________________________________________________

Student’s Signature __________________________________ Parent/Caregiver’s Signature __________________________________

Date Extension Applied for ___/___/___

TEACHER COMMENTS – PLEASE COMMENT AND SIGN

____________________________________________________________________________

____________________________________________________________________________

CURRICULUM COORDINATOR - Please comment and Sign

____________________________________________________________________________

____________________________________________________________________________

EXTENSION REQUEST RESULTS

Extension Recommended ☐ YES ☐ NO

Work now due: _______________ Curriculum Coordinator: __________________________

_____________________________ __________/_____/_____ 

Mr Crilly
Assistant Principal Middle Phase