Application for Assignment Extensions

(Years 7-10)

Return via email to: Relevant Curriculum HOD.

Student Name: _____ **Form Class:** _____

Request for Extension Based on	Explanation
Illness ☐	
Misadventure ☐	
Unforeseen Circumstance ☐	

Extension/s Requested				
Subject	**Assignment**	**Extension date requested**	**Extension date approved**	**HOD Signature**
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	

Date of Application			
Medical Certificate attached	Yes / No	Email/letter attached	Yes / No
Student Signature			
Parent/Caregiver Name (Printed)			
Parent/Caregiver Signature		Date	

Copies to be retained in student's subject folios.