



The Hills Sports High School

Application for Extension of Assessment Task Time

Students need to complete this form and hand to the Head Teacher of subject prior to due date of assessment task. **DO NOT ASSUME APPROVAL WILL BE GRANTED !**

Student's Name: _____ Year Group: _____

Course : _____ Prelim HSC SC

Class Teacher: _____ Application Date: _____

Assessment Task: _____ Due Date: _____

REASON FOR EXTENSION (please circle)

- * Illness * Approved Leave * Other School Commitment
- * Misadventure * Other

EXPLANATION

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SUPPORTING DOCUMENTATION ATTACHED (please circle)

- * Medical Certificate * Letter from Parent * Other

(To be completed by Head Teacher)

DECISION

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Application supported ? - YES / NO

If supported, extension granted – Date Due:

Head Teacher Signature: _____ Date: _____
(This form is to be retained by H.T & copy placed in student file)

Class Teacher informed of decision Copy to : student and student file