



HENRY KENDALL HIGH SCHOOL

EXTENSION REQUEST FOR PRELIMINARY COURSE ASSESSMENT TASK

- Complete the following form with your teacher.
- Have teacher and HT of the subject sign the form.
- Attach relevant documentation to form and hand in to DP for consideration.

STUDENT NAME: _____ **DATE OF ASSESSMENT TASK:** _____

COURSE: _____ **TEACHER:** _____

TASK NUMBER: _____

DESCRIPTION OF TASK:

REASON FOR EXTENSION:

(Documentary evidence from Parent/Doctor should be provided, except in exceptional circumstances)

Excursion Illness Leave Misadventure Workplacement Other

Medical Certificate Parent Contact Statutory Declaration Other

In applying for this extension I assure the Principal that I am not seeking unfair advantage over other students in the course.

STUDENT'S SIGNATURE: _____ **DATE:** _____

1. I have noted the above request and **HAVE/HAVE NOT** granted an extension of time.

COMMENT (Optional): _____

EXTENSION TIME: _____ days **To be submitted on or before:** _____

OR

2. **MISSED ASSESSMENT TASK – NO VALID REASON**

Task to be completed or submitted on or before _____

TEACHER: _____ **HEAD TEACHER:** _____ **DATE:** _____

DEPUTY PRINCIPAL CURRICULUM: _____ **DATE:** _____