Katoomba High School
Assessment Task Extension Application

Ensure appropriate documentation is attached. Return to Head Teacher.

Name ______________________________  Year _______  Roll _______

Assessment Task __________________________  Faculty _________________ Date Due _____________

Reason for Application for Extension or Change
Attach appropriate documentation  (Tick box)

☐ Illness  ☐ Misadventure  ☐ Other  ______________________________

Medical Certificate must be attached  Attach documentation  Please specify

Outline details of the circumstances that have adversely affected your ability to complete the Assessment Task by the due date. (Attach extra sheets if necessary)

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Student’s Signature ______________________________  Date ______________
Parent / Guardian Signature ____________________________  Date ______________
Comments ________________________________________________________________________________

Office Use Only
Determination: ☐ Approved  ☐ Not Approved
Substitute Task Approved: ☐ Yes  ☐ No
Head Teacher’s Signature ____________________________ Date ______________
Comments ____________________________________________

Original Application Form to be placed on student’s central file
Head Teacher to detach Approval Notice (below) and return to student

Assessment Task Extension - Approval Notice (to be attached to Assessment Task by student)

It is the student’s responsibility to show this Approval Notice to class teacher prior to original due date.

Student’s Name ______________________________  Year _______  Roll Call _______
Assessment Task __________________________  Teacher ______________________________
Substitute Task  ☐ Yes  ☐ No
Original Date Due __________________________  New Date Approved ______________________

Reason for Approval

☐ Illness  ☐ Misadventure  ☐ Other  ______________________________

Head Teacher Signature ____________________________ Date ______________