

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 *Medical Certificate must be attached* Misadventure *Attach documentation* Other _____ *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 _____