



Blakehurst High School

Principal
Mrs S. Kapsimalis

REQUEST FOR EXTENSION APPLICATION (APPENDIX C)

X Attach any supporting evidence here with a staple

Form Issued by Deputy Principal on: / /

Form Received on: / /

Section A

To be completed by the student

Student's Name: Course: Year:

Parent's Name: Daytime parent contact number:

Name of Assessment Task:

Due Date: Class Teacher:

Nature of Task: (please circle)

- | | | | | |
|--------------------------|-----------------------|----------------------|---------------------|---------------------|
| Examination | Performance | Assignment | Field Work | Portfolio |
| Research Activity | Practical Task | Speaking Task | Viewing Task | Written Task |

Other (please specify):

Reason for application (attach supporting letter or documentation as necessary)

State sufficient details to support your case for consideration to gain an extension of time.

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.....

Parent/Carer Signature: Student Signature:

Date: / / Date: / /

Section B

To be completed by the Head Teacher

Head Teacher's Name: Faculty: Course:

Comments:
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.....

Head Teacher Signature: Date: / /

Section C

To be completed by the Deputy Principal

Resolution: Accepted Rejected

Comment:
.....

Deputy Principal Signature: Date: / /

Copy to: Relevant Head Teacher, Student, Parent/Carer, Student File