**Blakehurst High School**

**Principal**

**Mrs S. Kapsimalis**

## REQUEST FOR EXTENSION APPLICATION (APPENDIX C)

X Attach any supporting evidence here with a staple

**Section A**

*To be completed by the student*

Student’s Name: Click or tap here to enter text. Course: Click or tap here to enter text. Year: Choose an item.

Parent’s Name: Click or tap here to enter text. Daytime parent contact number: Click or tap here to enter text.

Name of Assessment Task: Click or tap here to enter text.

Due Date: Click or tap to enter a date. Class Teacher: Click or tap here to enter text.

Nature of Task: Choose an item.

Other (please specify): Choose an item..

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.**

Choose an item.

Parent/Carer Signature: Choose an item. Student Signature: Choose an item.

Date:Click or tap to enter a date. Date: Click or tap to enter a date.

**Section B**

*To be completed by the Head Teacher*

Head Teacher’s Name: Click or tap here to enter text. Faculty: Choose an item. Course: Click or tap here to enter text. Comments: Click or tap here to enter text.

Head Teacher Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

**Section C**

*To be completed by the Deputy Principal*

Resolution:  **Accepted**  **Rejected**

Comment: Click or tap here to enter text.

Deputy Principal Signature: Click or tap here to enter text. Date: Click or tap to enter a date.

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

|  |
| --- |
| Form Received on: Click or tap to enter a date. |