



## ST CLARE'S HIGH SCHOOL

### EXTENSION OF TIME FOR AN ASSESSMENT TASK

<b>Name</b>	<b>Date</b>
<b>Year/Course</b>	<b>Teacher</b>
<b>Assessment Task</b>	
<b>Date of Task/Due</b>	<b>Task Notification Date</b>

**Student Statement:** I am applying for an extension of time for the Assessment Task indicated above for the following reasons. I have attached supporting evidence (Medical Certificate, Statuary Declaration) to this sheet.

Further Explanation Overleaf	
<b>Student's Signature</b>	<b>Parent/Carer's Signature</b>

**Class Teacher/Leader of Learning's Comments**

<b>Class Teacher's Signature</b>	<b>Leader of Learning's Signature</b>

**Action to be taken (ASSESSMENT COMMITTEE)**

- Extension of time until \_\_\_\_\_
- No extension granted
- Other \_\_\_\_\_


**Assistant Principal Learning & Teaching:** \_\_\_\_\_

You will be notified by your class teacher as soon as possible of the outcome of this application. If you have any questions, please feel free to discuss your concerns with the Leader of Learning.

