



ST CLARE'S HIGH SCHOOL

EXTENSION OF TIME FOR AN ASSESSMENT TASK

Name		Date
Year/Course	Teacher	
Assessment Task		
Date of Task/Due	Task Notification Date	

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	
Student Signature	Parent/Carer Signature

Class Teacher/Studies Coordinator Comments

Class Teacher Signature	Studies Coordinator Signature

Action to be taken (ASSESSMENT COMMITTEE)

<input type="checkbox"/> Extension of time until _____	
<input type="checkbox"/> No extension granted	
<input type="checkbox"/> 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 Studies Coordinator.



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STUDENT/PARENT STATEMENT

Parent's Signature