



TORONTO HIGH SCHOOL
YEARS 7-9 APPLICATION FOR
EXTENSION OF ASSESSMENT DUE DATE FORM

STUDENT NAME: _____

YEAR: _____

SUBJECT: _____

TEACHER: _____

THIS FORM WILL NOT BE ACCEPTED UNLESS ALL BOXES ARE TICKED

- | | |
|--|--|
| <input type="checkbox"/> Course, subject, task name and due date completed | <input type="checkbox"/> Parental/Carer communication received |
| <input type="checkbox"/> Reason for extension completed | <input type="checkbox"/> Student signature and date completed |
| <input type="checkbox"/> Details to support request completed | <input type="checkbox"/> Parental/Carer signature and date completed |
| <input type="checkbox"/> Classroom teacher comment completed | |

Subject:

Task Name:

Due Date: ___/___/___

Reason for Extension Request:

Details to Support Extension Request:

Classroom Teacher Comment:

Parent/Carer Signature:

Student Signature:

Date: / /

Date: / /

Head Teacher's Decision:

- Extension of due date (*New due date* _____)
- Alternate task (*New due date* _____)

- An adjustment to the task
- No extension granted

Head Teacher's Comments:

Head Teacher Signature:

Class Teacher Signature:

Date: / /

Date: / /