



TORONTO HIGH SCHOOL
YEARS 10-12 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"/> Reason for extension completed
<input type="checkbox"/> Details to support request completed
<input type="checkbox"/> Classroom teacher comment completed | <input type="checkbox"/> Parental/Carer signature and date completed
<input type="checkbox"/> Student signature and date completed
<input type="checkbox"/> Doctor's Certificate/ Statutory Declaration/ Other Documentation attached |
|--|---|

Subject:	Task Name:	Due Date: / /
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Course: <input type="checkbox"/> Year 10	<input type="checkbox"/> Preliminary	<input type="checkbox"/> HSC
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Reason for Extension Request:

Details to Support Extension Request:

Classroom Teacher Comment:

Documentation Attached:	<input type="checkbox"/> Doctor's Certificate	<input type="checkbox"/> Statutory Declaration	<input type="checkbox"/> Other-
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Parent/Carer Signature:

Student Signature:

Date: / /

Date: / /

Deputy Principal's Decision:

- | | |
|--|---|
| <input type="checkbox"/> Extension of due date (<i>New due date</i> _____)
<input type="checkbox"/> Substitute task (<i>New due date</i> _____) | <input type="checkbox"/> An adjustment to the task
<input type="checkbox"/> No extension granted |
|--|---|

Deputy Principal's Comments:

Sentral Entry #

Deputy Principal Signature:

Head Teacher Signature:

Date: / /

Date: / /