



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"/> Parental/Carer signature and date completed |
| <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"/> Doctor's Certificate/ Statutory Declaration/ Other Documentation attached |
| <input type="checkbox"/> Classroom teacher comment completed | |

Subject:	Task Name:	Due Date: / /
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Course: <input type="checkbox"/> Yr 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"/> An adjustment to the task |
| <input type="checkbox"/> Alternate task (<i>New due date</i> _____) | <input type="checkbox"/> No extension granted |

Deputy Principal's Comments:

Deputy Principal Signature:

Head Teacher Signature:

Date: / /

Date: / /