



**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:**

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**Classroom Teacher Comment:**

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**Parent/Carer Signature:**

**Student Signature:**

**Date:**     /     /

**Date:**     /     /

**Head Teacher'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      |

**Head Teacher's Comments:**

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**Head Teacher Signature:**

**Class Teacher Signature:**

**Date:**     /     /

**Date:**     /     /