

NOOSA DISTRICT STATE HIGH SCHOOL

7 – 12 Assessment Extension Application

Known absence from exam or required extension to assignments: Applications must be made at *least two (2)* school days before the due date on this document. A medical certificate may be required along with this form.

Unexpected illness and misadventure on day of due date or exam: student or parent/carer to notify the school that an exam will be missed. A medical certificate will be required along with this form.

Instructions:

- 1. Student and Parent/Carer to complete **Section A** only and email or hand the document to the Head of Department.
- 2. Head of Department is to complete **Section B**. They will inform student, parent/carer and teacher of outcome, and record this as a OneSchool contact. Form will be stored in the student's file at the office.
- 3. Student is to submit the completed assignment by the new due date for submission of assignment.

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	SECTIO	N A – TO BE COMPLETE	D BY STUDEN	NT and PARENT/O	CARER		
Student				Hor	ne Group		
name							
Subject				Sub	ject code		
Assessment				•			
name/topic							
Assessment	○ Draft ○ Final				○ Exam		
stage							
Reasons for	(provide specific dates of absences and/or illness & be prepared to show work to date)						
extension							
request Attach medical certificate if illness is a reason. Attach any other supporting evidence.							
Teacher							
name					<u>, </u>		
Parent/Carer			Signature		Date		
name							
SECTION B – TO BE COMPLETED BY HEAD OF DEPARTMENT							
Extension approved? (yes or no)							
New assessment date							
Head of Department name							
Head of Department signature					Date		