

REQUEST FOR EXTENSION FORM

(You know in advance you will be absent)

Name: _____

Subject(s): _____ **Teacher(s):** _____

HSC Course **Preliminary Course** **Year 10**

Reason For Requesting Extension: (give reason)

- Medical* _____
- Injury* _____
- School Sport/Activity _____
- Travel on day of task* _____
- Bereavements /Funerals* _____
- Other* _____

Due Date: _____

New Date Requested: _____

* Documentation must be provided

APPROVAL (Take this form to your teacher and the Head Of Department)

Subject Teacher Approved Declined Signed: _____

Head Of Department Approved Declined Signed: _____

Director of Curriculum Approved Declined Signed: _____

Comments:

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Extension Application Receipt

STUDENT'S NAME: _____ **DATE:** _____

SUBJECT: _____ **RECEIVED BY:** _____