



**The Hills Sports High School**

**Application for Extension of Assessment Task Time YEARS 7-9**

Students need to complete this form and hand to the Head Teacher of the KLA prior to due date of assessment task. **DO NOT** ASSUME APPROVAL WILL BE GRANTED !

**Student's Name:** \_\_\_\_\_ **Year Group:** \_\_\_\_\_

**Subject :** \_\_\_\_\_

**Class Teacher:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

**Assessment Task:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

***REASON FOR EXTENSION*** (please circle)

- \* Illness                      \* Approved Leave                      \* Other School Commitment
- \* Misadventure              \* Other                                      \* Authorised School Activity

***EXPLANATION***

.....  
.....  
.....

**Signature of Student** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*(To be completed by Classroom Teacher)*

***DECISION***

Application supported ?      -      YES / NO

If supported, extension granted – Date Due: .....

**Classroom Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(This form is to be retained by Classroom teacher)*