



ASSESSMENT EXTENSION REQUEST



The student is to complete all details and submit to their subject teacher with specific evidence attached.

Student:	Year:	Form:
Parent/Guardian:	Contact No: Home	Contact No: Work
Signature:	Date: ____/____/____	Note explaining reason attached: YES / NO
Teacher:	Subject:	
Parent Letter Attached?	YES / NO	
Doctor Certificate Attached?	YES / NO	
Assessment Due Date:	____/____/____	
Assessment Description:		

HEAD OF DEPARTMENT:

NAME: _____ **SIGNATURE:** _____

APPROVAL
New Assessment Due Date: ____/____/____

WHERE EXTENSION IS NOT GRANTED:

Head of Department Comments:
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Principal's Comments:
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..... **Date:** ____/____/____

Principal's Signature