



# YASS HIGH SCHOOL

## Assessment Task Extension Application

Name: ..... Year: ..... Date: .....

Subject: ..... Teacher: .....

Assessment Task Number (as per booklet): .....

Assessment Task Title: .....

I apply for an extension based on consideration of the following factors which may affect my performance in this Assessment Task. (Documentary evidence must be provided except in exceptional circumstances).

.....  
.....

Proposed new date: .....

In applying for this special consideration, I assure the Principal that I am not seeking unfair advantage over other students in this course.

Student's signature: ..... Date: .....

Parent/Carer's signature: ..... Date: .....

Signature of Head Teacher: ..... Date: .....

Comment:.....  
.....

### **Application for Extension – Panel Recommendation If Extension is not recommended by Head Teacher**

Decision details:.....

Deputy Principal: ..... Date: .....

Original to student, copy to teacher, copy to student file