



Ferry Grove State High School APPLICATION FOR EXTENSION – YEAR 10

THIS FORM MUST BE COMPLETED AND HANDED TO THE RELEVANT FACULTY HEAD OF DEPARTMENT BEFORE THE DUE DATE

SECTION A - STUDENT AND PARENT/CARER TO COMPLETE			
Student Name:		Form Class:	
Teacher:		Subject / Class Code:	
Assessment Task:		Current Due Date:	
		Requested Due Date:	
Reason for Extension Request: Please provide supporting evidence e.g. medical certificate, note from parent/carer			
Parent/Carer Signature:		Date:	
SECTION B – TEACHER TO COMPLETE			
Teacher Comments: An extension will not be granted if this section is not filled in			
Teacher Signature		Date:	
SECTION C – FACULTY HEAD OF DEPARTMENT TO COMPLETE			
Application Approved:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES new due date:	
Comment (optional):			
HOD Signature:		Date:	

NOTE

- It is the student's responsibility to complete and submit this form prior to the due date, along with evidence of work completed to date.
- This form can be obtained from the school website.
- Completion of this form does not constitute a guaranteed extension approval.
- A separate form must be completed for each assessment item.