



EXTENSION REQUEST FORM

Student Name _____

Home group _____

- **Extensions** must be applied for and approved prior to the date of the expected absence.

Step 1

Subject _____ Teacher _____

(Please print)

Assessment Task _____

Date task will be missed _____

Reason for extension request:

Excursion/incursion Yes No Details _____

Co-curricular Yes No Details _____

Other explained absence from Yes No Details _____

Subject teacher's response Yes No Signature _____

Comment: _____

Step 2

Year Level / Senior Programs Co-ordinator Approval

Yes Graded

Not Graded (S or N only)

No NA and therefore N for the unit

Reason

Co-ordinators signature

Date _____

Step 3

Teacher Acknowledgement

New Date _____

Time _____

Venue _____

Subject teacher's signature _____