



# Kelvin Grove State College

The Pursuit of Excellence With All Our Might

## APPLICATION FORM FOR EXTENSION OF MIDDLE SCHOOL ASSESSMENT

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_

### Assessment Type:

Written Assignment     Oral/Performance     Examination     Other: \_\_\_\_\_

Title: \_\_\_\_\_ Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Reason for Request:

Medical     Family Situation     Other Reason:

**Documentary Evidence must be attached (please tick below).**

Medical Certificate     Note of Explanation

**Classroom Teacher Support:**     YES     NO    Signed \_\_\_\_\_ Date: \_\_\_\_\_

### GO / Deputy Principal / Principal Approval/Support:

Recommended     Not Recommended

**Comment:** \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Head of Department Approval/Support:

Approved     Not Approved     Altered conditions     Exemption from task

**Comment:** \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE:

Uploaded to OneSchool

**COMPLETE THE SHADED SECTION, ATTACH YOUR EVIDENCE, THEN RETURN THIS FORM TO YOUR TEACHER**