



# BARADINE CENTRAL SCHOOL

PO Box 42,  
Baradine NSW 2396  
**Principal: C Clarke**

Tel: (02) 6843 1805  
(02) 6843 1953  
Fax: (02) 6843 1751

## Assessment Task Extension Application

*Ensure appropriate documentation is attached and return to course teacher*

Name: \_\_\_\_\_ Year: \_\_\_\_\_ Subject: \_\_\_\_\_

Assessment Task: \_\_\_\_\_ Due Date: \_\_\_\_\_

### Reason for Application for Extension

Attach appropriate documentation (*tick box*)

Illness

*Medical certificate must be attached*

Misadventure

*Attach documentation*

Other: \_\_\_\_\_

*Please specify*

**Outline the details of the circumstances that have adversely affected your ability to complete the assessment task by the due date. (*Attach extra sheets if necessary*)**

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Students signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

### Office Use only

Determination:

Approved

Not Approved

Course Teachers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

***Original application form to be placed in course program and/or HSC monitoring folder  
Course Teacher to detach approval (over page) and return to student***



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## Assessment Task Extension – Approval Notice (to be attached to assessment task by student)

Student's Name: \_\_\_\_\_

Year: \_\_\_\_\_ Subject: \_\_\_\_\_

Assessment Task: \_\_\_\_\_

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

Original Date Due: \_\_\_\_\_

New Date Approved: \_\_\_\_\_

### Reason for Approval

Illness

Misadventure

Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Course Teacher Signature: \_\_\_\_\_

Date \_\_\_\_\_