



Narrandera High School Extension Request Application (Illness/Misadventure)

| | |
|--|--------------|
| Student Name: | Year: |
| Subject/Course: | |
| Original Due Date of Task: | |
| Reason for application (please tick): <input type="checkbox"/> Illness Medical Certificate Attached Y/N <input type="checkbox"/> Misadventure <input type="checkbox"/> Other: | |

I wish to apply for special consideration for the following reasons:

.....

.....

.....

.....

.....

| |
|--|
| The school was notified (please tick) <input type="checkbox"/> By Phone <input type="checkbox"/> In Writing <input type="checkbox"/> Other |
| Date of Contact: |
| Parent/Guardian's Signature: |
| Student's Signature: |
| Date: |

| | |
|--|--|
| Type of Extension requested: (Estimate / Extra Time) | Extension Approved / Not Approved |
| Type of Extension approved: | |
| Classroom Teacher Signature: | Head Teacher Signature: |
| Date: | Date: |

Reason for Decision:

.....

.....

.....