



APPLICATION FOR EXTENSION

INSTRUCTIONS

1. **STUDENT** – Complete Page 1 ☐

2. **STUDENT** – Discuss with your teacher/s ☐

3. **CLASSROOM TEACHER** – Complete Page 2 ☐

4. **CLASSROOM TEACHER** – Submit form to relevant Head of Faculty for approval ☐

5. **HEAD OF FACULTY** – Submits form to APC (Year 11 and 12 ONLY) ☐

EXTENSION DETAILS – Completed by **STUDENT**

Student's Name _____ Year _____

Subject(s) _____

Subject Teacher (s) _____

Assessment Task (s) _____ Date Due _____

Have you provided evidence at Checkpoints? YES NO

| | |
|---|--|
| Student to complete: Reason for extension. Please provide documentation & details where possible. | |
| <input type="checkbox"/> Medical reasons (Physical) | Representative responsibilities <input type="checkbox"/> Sporting <input type="checkbox"/> Academic <input type="checkbox"/> Cultural <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Personal (Social / Emotional) | <input type="checkbox"/> Other : |

Please provide details:

Documentation attached (e.g. medical / sporting): YES NO

STUDENT Signature _____ Application Date _____

OFFICE USE ONLY – Completed by CLASSROOM TEACHER

Access Arrangements and Reasonable Adjustment documentation.

For students in Years 11 and 12 only:

| | |
|---|--|
| <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> intermittent | <input type="checkbox"/> Cognitive <input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Social / emotional |
| <input type="checkbox"/> Other | <input type="checkbox"/> Representation (Sport, Academic, Cultural, Spiritual) |
| Does this student meet AARA eligibility requirements? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

For students in Years 7 - 12

Evidence submitted at Checkpoint(s)? YES NO

I support/do not support this application for an AARA YES NO

Amended Assessment Due Date: (If applicable) _____

Comment:

CLASSROOM TEACHER Signature _____ Date _____**OFFICE USE ONLY – Completed by HOF & forwarded to APC for students in Year 11 & 12 only**

Extension Approved? YES NO

Supportive Documentation: (E.g. Medical certificate, Communication from parent Yr 7 - 10) YES NO

Comment:

HOF Signature _____ Date _____

APC Signature _____ Date _____

EMAIL OR DELIVER TO:

Student Reception - for loading into TASS Notes

Student Reception email to:

- | | |
|--|---|
| <input type="checkbox"/> Student (to be attached to front of assessment) | <input type="checkbox"/> Head of Faculty |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Head of Academic Performance |
| <input type="checkbox"/> Head of Year | <input type="checkbox"/> APC (Year 11 & 12 Only) |