



# 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

<b>Student</b> 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.	
<b>For students in Years 11 and 12 only:</b>	
<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

Comment:

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**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

Amended Assessment Due Date: (If applicable) \_\_\_\_\_

Comment:

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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)      |