



TOORMINA HIGH SCHOOL
PRELIMINARY/HSC ASSESSMENT
REQUEST FOR EXTENSION OF TIME/SUBSTITUTE TASK

Student Name: _____ Year: _____

Subject: _____

Task: _____ Due Date: _____

Details of Request: _____

Reasons for Request: (Include any notes of explanation from Parents, Doctor's Certificates etc.)

Parents Signature: _____

Students Signature: _____ Date: _____

Office Use Only

Teacher: _____

Teachers recommendation: _____

(Include proposed new date for submission or details of substitute)

Head Teacher's Recommendation: Approved/Not recommended _____

Principal: Approved/Not approved _____

Teacher: Please inform student of result of this application _____

NOTE: THIS SHEET WILL BE FILED WITH YOUR RECORD