



# Alexandria Park Community School

## Application for Extension of HSC Assessment Task

Student's name	
Subject	
Title of Assessment Task	
Class teacher	
Head Teacher	
Assessment task due date	

Reason for the extension (please tick a box and provide specific details):

Illness :  \_\_\_\_\_

Misadventure:  \_\_\_\_\_

Other (please specify)  \_\_\_\_\_

### List of documentation attached:

Doctor's certificate:  Letter from parents/carers:

Other (please specify):  \_\_\_\_\_

Student's signature: \_\_\_\_\_

Parent's/Carer's signature: \_\_\_\_\_

Class teacher's signature: \_\_\_\_\_

I **do** / **do not** support this application for: \_\_\_\_\_

Office Use Only	
Head Teacher:	
Date received from student:	
Decision: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason for approval/disapproval:	
_____	
_____	
_____	
_____	