LOCKYER DISTRICT HIGH SCHOOL	**REQUEST FOR EXTENSION** **(Year 7 – 9 students only)**

Section 1	*Completed by student and emailed or handed to class teacher*		
Student name:		Form:	
Email address:	@eq.edu.au		
Teacher:		Class:	
Assessment name:			
Assessment type:	☐ Exam	☐ Assignment	
Due date:		Extension date request:	
Reason for extension: e.g. illness, injury, bereavement			
Supporting documentation attached:	☐ Medical certificate ☐ Written notification (e.g. funeral notice) ☐ Other:		
Student signature:			
Parent/carer signature:			
Section 2	*Completed by student's teacher and forwarded to Head of Department*		
Extension endorsed:	☐ Yes ☐ No		
Draft completed:	☐ Yes ☐ No ☐ N/A		
Additional comments:			
Teacher signature:		Date	

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Section 3	*To be completed by the Head of Department then scanned and uploaded with supporting documentation to Contact section of OneSchool*	
Extension approved:	☐ Yes ☐ No	
Resolution (all that apply):	☐ Hand in assignment/presentation on	
	☐ Complete exam on	
	☐ Adjustment required	
	☐ Other (detail)	
Decision communicated to student and parent/carer	Date:	
Additional comments:		
HOD name:		
HOD signature:		Date: