

Application for Assessment Extension: Years Prep - 9

Required for requests for extension more than one week beyond the due date.

This form should be submitted on or before the due date. In exceptional circumstances, the form may be submitted up to 2 days after the due date.

- ✓ **Supporting evidence must be included with this application**
- ✓ **This document must be completed & assessed alongside the Cairns SDE Prep - 10 Assessment Policy**

Part A. Years P – 6 To be completed by student &/or home tutor/parent and emailed to:
 Years P-3 HoD Leigh Quirk lxqui3@eq.edu.au Years 4-6 HoD Kendall Jones kjion1@eq.edu.au
 Years 7-9 Deputy Principal DeputyPrincipal@cairnssde.eq.edu.au

| | | | |
|--------------------------------|---------------------------|-------|--|
| Student Name | | | |
| Year Level | | | |
| Subject & Class Teacher | | | |
| Assessment Task | | | |
| Due Date of Assessment | | | |
| Extension reason/s for request | | | |
| | Requested extension date: | | |
| Student Signature | | Date: | |
| Parent/Carer Signature | | Date: | |

Part B. To be completed by Sector HoD (P-6) or Sector Deputy Principal (7-9)

| | | | |
|-----------------------------------|--------------------------------|---------|--|
| Date & time application received: | | | |
| Date & time receipt acknowledged: | | | |
| Supporting documentation received | YES / NO | Note/s: | |
| Extension Approved | YES / NO | Note/s: | |
| | Extension submission due date: | | |
| Care HoD digital signature | | Date: | |

A copy displaying Head of Department or Deputy Principal approval of this form must be attached to the assessment task when submitted.

All dates & times are based on local time and date:

- Cairns, Queensland, Australia
- Australian Eastern Standard Time