



PALMERSTON NORTH BOYS' HIGH SCHOOL

APPLICATION FOR INTERNAL ASSESSMENT EXTENSION

To be completed by a Parent or Guardian, not by the student

Name of student: _____ Form: _____

Name of Parent/Guardian completing this form: _____

Contact phone numbers Home: _____ Work: _____

Subject: _____ Std. No.: _____

Name of assignment: _____

Due Date of assignment: _____

Applications for extensions must be made before the due date of the assignment. Approval for such extensions will only be given in exceptional circumstances. In the case of sickness on the day the assignment is due an extension will only be considered if accompanied by a medical certificate.

Reason for extension request: _____

List the days prior to, including or beyond the due date, on which the student was unable to work on or submit the assignment, because of this reason.

Medical Certificate attached ☐ Yes ☐ No

Signature of Parent/Guardian completing this form: _____

Completed Extension Application Forms are to be submitted to the HOD of the subject.

Staff use only

Approved Extension Date for Submission: _____

Comment:

Signed: _____ (HOD)