

ASSIGNMENT EXTENSION/ABSENCE REQUEST

(To be completed and handed in at least three full days before due date)

Name: _____ Year: _____

Subject: _____ Teacher: _____

Achievement Standard/Unit Standard: _____

Reason for
absence/extension: _____

Signed: _____ Date: _____
Student

Extension/Absence: **GRANTED / DENIED**

Reason for
decision: _____

Signed: _____ Date: _____
Subject Teacher

Signed: _____ Date: _____
Head of Secondary