



# ESPERANCE SENIOR HIGH SCHOOL

PO Box 465, Esperance WA 6450

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 Junior Campus (08) 9071 9503 Facsimile (08) 9071 9507

## *Application for Extension*

Requests for extension/s are to be no less than 2 days prior to assignment due date. Extensions may not automatically be granted,

This form must be completed and attached to Assignment.

Student Name:			
Form:			
Subject:			
Assignment Title:			
Teacher:			
Original Due Date:		Due Date Requested:	
Comments/Reason For Extension			
Parent Signature:			Date:

### Office Use Only

Date Received:		Extension Granted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documented evidence submitted with Application?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Assignment now due: (Date)				
Teacher's Approval:			Date:	
Comments:				
HOD/TIC Signature:			Date:	