



URSULA FRAYNE CATHOLIC COLLEGE

APPLICATION FOR ASSESSMENT EXTENSION FORM

THIS FORM MUST BE COMPLETED BEFORE THE DUE DATE OF THE ASSESSMENT AND HANDED IN TO THE CLASS TEACHER.

Name: _____ Form: _____

Class: _____ Teacher: _____

Assessment Number / Title: _____

Due Date: _____

I wish to apply for an Exemption for my child not meeting a set deadline. He/She was unable to meet the deadline because:

Parent Signature: _____ Contact No: _____

NOTE:

1. This exemption will only be granted when there is justifiable reason for missing the deadline.
2. Repeated requests for exemptions will be subject to review, which may require a parent interview.

Teacher Signature: _____

Review Required: Yes / No – refer to the LAC / Head of School