



Dulwich High School
of Visual Arts & Design

Request for an Extension of Time for an Assessment Task

To Head Teacher: _____

I request an extension of time for the Assessment Task _____ original due date: _____
(*title of task*)

The reasons for this extension are: _____ New date: _____

Please attach one of the following and deliver to your Head Teacher for consideration:

Medical Certificate
Statutory Declaration
to support this request.



Student's Name _____

Student's Signature _____

Parent/Carer Signature _____

Approved by:

Classroom Teacher _____

Head Teacher _____

Deputy Principal _____