

New Plymouth Girls' High School

EXTENSION / ALTERNATIVE ASSESSMENT DATE APPLICATION FORM – 2025

Fill in the top section, attach appropriate letters or certificates and hand in to your teacher: Student Name: Kawai Huia: Date of Application: Assessment for which an extension / alternative assessment date is being requested: Subject: _____ Name of teacher: _____ Standard number: _____ Type of assessment (practical, assignment, test etc). Date assessment issued: _____ Due date of assessment: **Reason for missing assessment:** (tick one, giving details and attach evidence) Illness: letter or email from caregiver must be attached Family / personal trauma: documentation must be attached (e.g. letter from parent) Other (specify details): **Decision by HOD:** Extension granted. New due date: New assessment date granted. New date: The reason for this decision has been explained to me and I accept the decision Signed: _____(student) Date: _____ (HOD) Date: _____ **HOD** – On completion please scan this form and file it in KAMAR