

Capricornia School of Distance Education

Request for Extension Form – Family/Medical

- Students are required to submit this form to request an extension for any assessment in Years 7 - 10.
- This form needs to be submitted to:
 - Years 7 to 10: hods@capricorniasde.eq.edu.au
- Requests should be made as soon as practicable after the illness or event.
- **All sections must be completed.** Please attach additional information and evidence as required.

Student Full Name		Year Level	
Dates of Absence			
Last day at school (dd/mm/yyyy)		First day back at school (dd/mm/yyyy)	
Reason For Absence			
Please note: As per Department of Education guidelines, the taking of holidays or attendance at leisure or recreational events does not constitute a reasonable excuse for absences.			
Please include details for absence below:			
EVIDENCE PROVIDED: <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Professional Letter <input type="checkbox"/> Other:			

Parent/Carer Signature : _____

Date : _____

Student Signature : _____

Date : _____

Subject Code	Teacher	Assessment Impacted	Revised Due Date	HOD Signature and date

School Use Only

☐ Entered - OneSchool