

REQUEST FOR EXTENDED OPPORTUNITY
FORM A

Name of learner: _____ Grade: _____

Subject: _____ Educator: _____

Task not completed due to:

Sick	<input type="checkbox"/>	Note attached	<input type="checkbox"/>
Funeral	<input type="checkbox"/>	Note attached	<input type="checkbox"/>
Covid isolation	<input type="checkbox"/>	Note attached	<input type="checkbox"/>
Other	<input type="checkbox"/>	Letter attached	<input type="checkbox"/>

I, hereby, request an extended opportunity for my child to write his/her missed assessment task. I consent that if my child misses the extended opportunity, that my child will then get 0% for the said task.

Name of Parent: _____ Signature: _____

Contact number: _____ Date: _____