



## AARA Extension Application Form – Senior (Years 10-12)

This form is used to request a change to conditions regarding a piece of assessment related to an approved absence, illness/medical, misadventure or approved AARA Provision use.

Office use only	
Date received	

Email completed form to: [senior.school@evertonparkshs.eq.edu.au](mailto:senior.school@evertonparkshs.eq.edu.au)

Student name				Parent/carer name		
MIS ID		LUI		Year level		

Category and condition			
Category	Basic details	Category	Basic details
<b>Approved absence</b> <i>(e.g. external competitions, medical appointments, family circumstances, Sorry Business)</i>		<b>Recent grief, loss or trauma</b> <i>(e.g. bereavement, funeral)</i>	
<b>Temporary illness</b> <i>(e.g. flu, gastro, COVID-19)</i>		<b>Ongoing medical condition</b> <i>(e.g. complications/deterioration of diagnosed condition)</i>	
<b>Misadventure</b> <i>(e.g. car accident, physical injury)</i>		<b>AARA Provision use</b> <i>(For pre-approved long-term extension use only)</i>	

**Please note:** In order for an AARA extension to be granted the circumstance must be unforeseen and beyond the student's control, such as personal circumstance or emergent cultural obligation (e.g. summons/subpoena to appear in court or close family member's death/funeral). An adverse effect must be demonstrated to support this. This does not apply to pre-approved AARA Provision use.

The situation also cannot be of the student's own choosing or that of their parents/carers, such as a family holiday, or something that the student could have avoided, such as misreading the examination timetable or instructions in examinations. **AARA applications for these reasons will not be approved.**

**WHY ARE YOU APPLYING FOR AN AARA?** You **MUST** supply supporting documentation from a medical or other professional – unless an AARA has been previously approved.

**Provide the following details:**

- **The reason of your absence. Include dates (if relevant).**
- **How this illness/situation has affected you in the classroom and completing assessment.**  
*(e.g. Tested positive for COVID-19 on 01/03/25. Absent from school 27/2/25-5/3/25. Missed 6x lessons of subjects and need to catch up on learning and revision before submitting assessment. Requesting extension for due date.)*

Indicate the assessment/s that you would like the AARA Extension to be applied to:

STUDENT TO COMPLETE				SCHOOL USE ONLY
Subject	Assessment name & details	Original due date	AARA request (e.g. extension, alternate room etc.)	Alternate due date

Supporting documentation (tick at least one and email documentation with application)

Category	Documentation required	Provided
Approved absence	Documentation relevant to absence, written by a relevant independent professional or other independent third party (e.g. social worker, member of the clergy, police officer, solicitor or company director)	<input type="checkbox"/>
Recent grief, loss or trauma	A funeral notice or equivalent demonstrating impact on the due dates	<input type="checkbox"/>
Temporary illness	<b>Year 10/11:</b> <ul style="list-style-type: none"> <li>Medical certificate – detailing days of absence and impact on assessment/class time</li> </ul> <b>Year 12:</b> <ul style="list-style-type: none"> <li>AARA medical report template – must be completed by a doctor (GP), medical specialist or psychologist</li> </ul>	<input type="checkbox"/>
Ongoing medical condition	<b>Year 10/11:</b> <ul style="list-style-type: none"> <li>Medical certificate – detailing days of absence and impact on assessment/class time</li> </ul> <b>Year 12:</b> <ul style="list-style-type: none"> <li>AARA medical report template – must be completed by a doctor (GP), medical specialist or psychologist</li> </ul>	<input type="checkbox"/>
Misadventure	Documentation relevant to incident, written by a relevant independent professional or other independent third party (e.g. social worker, member of the clergy, police officer, solicitor or funeral director)	<input type="checkbox"/>
AARA Provision use	No documentation required – pre-approved extension use	<input type="checkbox"/>

#### Declaration

By submitting this form, I declare that the information contained in the form is correct, and I authorise the school to apply for QCAA-approved AARA on my behalf where necessary.

I understand that submitting this application and supporting documentation does not guarantee that adjustments will be approved. If adjustments are approved, I understand it is my responsibility to meet all new requirements as discussed with relevant staff members.

Student signature		Parent/carer signature		Date	
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Email completed form and supporting documentation to:  
[senior.school@evertonparkshs.eq.edu.au](mailto:senior.school@evertonparkshs.eq.edu.au)