



Accessing Arrangements and Reasonable Adjustments (AARA):
Application for Assessment Extension

STUDENT TO COMPLETE:

Student Name: _____ Home Group: _____

Date of Application: _____

Reason: _____

Documentation: Medical certificate (attached) Other: _____

Student signature: _____ Approved AARA _____ Late Enrolment _____

Parent Acknowledgment: I have discussed the grounds for this application with my child and I support the request for an extension in accordance with the school's Assessment Policy.

Parent Signature: _____

HEAD OF DEPARTMENT (SINGLE SUBJECT) TO COMPLETE:
DEPUTY PRINCIPAL (MULTIPLE SUBJECT/YR11/YR12) TO COMPLETE:

Application approved: Yes No Signature: _____

Conditions and instructions of approval:

Subject	Assessment Task	Original Due Date	AARA Request	Revised Due Date	Instructions / Conditions

ADMINISTRATION

Student provided copy of approved application. Email to class teachers and HODs.
 Uploaded to OneSchool as Support Provision - AARA.
 For Year 12: Information has been reported to QCAA.