



Years 7 - 10 AARA Application Form

Short-Term AARA – Assignment Extensions and Missed Exams

STUDENT NAME:	YEAR LEVEL:	DATE:

Type/s of Adjustment Required (select from the reasons below):

Extension of time for assignment/s Absence from a scheduled exam

Other (Please specify):

Reason for Application (please select)	Required Evidence
<input type="checkbox"/> Bereavement	Parent/caregiver note outlining special circumstances
<input type="checkbox"/> Illness	Medical certificate
<input type="checkbox"/> Misadventure (unavoidable incident)	Parent/caregiver note outlining special circumstances
<input type="checkbox"/> School Activity (e.g. Sport, Performing Arts)	Confirmation of participation in event
<input type="checkbox"/> Social/Emotional	Medical certificate or written endorsement from Guidance Officer

Parent / Caregiver Acknowledgement

I have discussed the grounds for this application with my child and I support the request for additional support. I acknowledge that this is a request that is subject to approval from the HOD in line with school assessment policy.

STUDENT SIGNATURE AND DATE	PARENT/CAREGIVER SIGNATURE AND DATE
Date: __/__/____	Date: __/__/____

Assessment Information

Please provide details of each assessment task that requires adjustment under this Short-Term AARA. Your teachers will discuss possible adjustments and deadlines with you after you have submitted your AARA application.

Subject	Teacher	Original Due Date
1.		
2.		
3.		
4.		
5.		
6.		

Submit Your Application

Please return a printed copy of this form to the relevant curriculum HOD for years 7 – 10. Curriculum HOD will be in contact to inform of approved application and revised due dates.

Date received by school: _____ Staff signature: _____