



Wynnum State High School

AARA Application – Extension or Exam Absence

(To be used for assessment extensions and missed exams)

Fill in the form and attach the required documentation. Submit your application to the relevant curriculum Head of Department. If your application is for more than one subject, submit it to your year-level Deputy Principal.

| STUDENT NAME: | YEAR LEVEL: | DATE: |
|---------------|-------------|-------|
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| Type/s of Adjustment Required (select from the reasons below): |
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| <input type="checkbox"/> Extension of time for assessment instrument/s <input type="checkbox"/> Absence from a scheduled exam |

| Assessment Information |
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Please provide details of each assessment task that requires adjustment under this AARA Extension Application. Applications for extensions or rescheduled exams must be approved by the curriculum Head of Department.

| Subject | Teacher | Assessment Item | Original Due Date | *Admin use only | |
|---------|---------|-----------------|-------------------|-----------------------------|-------------------------|
| | | | | Approved Extension Due Date | Approving HOD signature |
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| Reason for Application (please select) |
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| Illness | |
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| Provide details: | Required evidence attached <input type="checkbox"/> Medical certificate (Years 7 – 10) <input type="checkbox"/> QCAA Confidential Medical Report (Years 11 – 12) |
| Misadventure (unavoidable incident) | |
| Provide details: | Required evidence attached <input type="checkbox"/> Parent/caregiver note outlining special circumstances |

| Parent / Caregiver Acknowledgement |
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I have discussed the grounds for this application with my child and I support the request for an adjustment. I acknowledge that this is a request that is subject to approval from the curriculum Head of Department in line with school assessment policy.

| STUDENT SIGNATURE AND DATE | PARENT/CAREGIVER SIGNATURE AND DATE |
|----------------------------|-------------------------------------|
| Date: ___/___/___ | Date: ___/___/___ |

| ADMINISTRATION USE ONLY |
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| APPROVING HOD/DP: <input type="checkbox"/> Parent/Carer, student, and teacher informed of approved adjustments and contact recorded in One School. <input type="checkbox"/> Original form returned to Student Services for filing in Student File. |
| STUDENT SERVICES: <input type="checkbox"/> Uploaded AARA Application to One School: Student Profile/Support/Support Provisions/Target Area AARA <input type="checkbox"/> Uploaded medical certificate/supporting documentation into One School: Student Profile/Support/Referrals and Reports – restrict access where appropriate |

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| Processed by: | Date processed: |
|---------------|-----------------|