

SPECIAL CONSIDERATION REQUEST - EXAM



Please read these instructions

This form must be completed and presented to the Assistant Principal Curriculum 7-12

AS SOON AS POSSIBLE AFTER THE DUE DATE with the completed assignment attached.

- ▶ Your parent's / carer's signature must be obtained after the student section has been completed.
- ▶ Please attach supporting documents (e.g. medical certificate, parent's note) to this form.
- ▶ Submit form and all relevant documentation as early as possible to the Assistant Principal.
- ▶ The Assistant Principal will notify you in person or via email regarding your request.
- ▶ They will also notify the Curriculum Leader and classroom teacher regarding the decision.

TO BE COMPLETED BY STUDENT

Subject:Teacher Name.....

Today's Date: Original Exam Date:

Student's Name: Subject: Year Level:

Exam Description:

Reason for Requesting Extension:

..... Student's Signature:.....

TO BE COMPLETED BY PARENT OR CARER

Parent / Carer contact details (kindly print name and provide daytime contact numbers please)

Name:Phone number(s).....

Signature of parent / carer

TO BE COMPLETED BY ASSISTANT PRINCIPAL CURRICULUM

Special Consideration Request Granted: YES NO

Comments:

.....

Signed:..... Date:

Student has been notified of the decision

By email in person

Class teacher and Curriculum Leader has been notified:

By email photocopy of this form

New date for exam

.....

Time:.....

Supervisor:.....

Exam attached: YES NO