## **SPECIAL CONSIDERATION REQUEST-ASSIGNMENT**



## Please read these instructions

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

AS SOON AS POSSIBLE AFTER THE DUE DATE with the completed assignment or evidence of work 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

Task Number / Task Title:	Teacher Na	ame
Today's Date:	Original Due Date o	f Assignment:
Student's Name:	Subject:	Year Level:
Task Description:		
Reason for Requesting Special Consideration:		
Student's Signature		
TO BE COMPLETED	BY PARENT OR CA	RER
Parent / Carer contact details (kindly print name and provide daytime contact numbers please)		
Name:	Phone number(s)	
Signature of parent / carer	•••••	
Parent Comment:		
TO BE COMPLETED BY ASSISTANT PRINCIPAL CURRICULUM		
Special Consideration Request Granted: YES	NO	
Comments:		
Signature:	Date:	
Student has been notified of decision:	☐ By email	☐ In person
Class teacher and Curriculum Leader has been notified:	☐ By email	photocopy of this form