



# YEAR 7-9 SPECIAL CONSIDERATION REQUEST – EXAM

Please read these instructions

This form must be completed and returned to SAO

**AS SOON AS POSSIBLE AFTER THE EXAM**

- 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.
- The Curriculum Leader – Middle Years will notify you via email regarding your request.
- They will also notify the relevant 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: ..... 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 CURRICULUM LEADER – MIDDLE YEARS

Special Consideration Request Granted: YES NO

Comments: .....

.....

Signed: ..... Date: .....

Student has been notified of the decision

☐ By email

Class teacher and Curriculum Leader has been notified

☐ By email

New date for exam .....