

# Years 10-12 SPECIAL CONSIDERATION Form

\*\* Please read the Guidance Notes and How to Submit this Form on the back of this page before completing your application

\*\* Must be applied for in advance, NOT on the due date

1. Student Details				
Student Name		Student signature		
Parent Name		Parent signature		
2. Reason for Application				
Reason:			Medical Certificate Attached <input type="checkbox"/>	
Applicable for External Assessment only:				
Exceptional Circumstances <input type="checkbox"/>	Declaration of exceptional circumstances completed <input type="checkbox"/>	AND	Supporting Documentation attached <input type="checkbox"/>	
3. Subject Details				
Subject/s for which you require an extension	Title of Assessment	Teacher	Original Due Date	Proposed Due Date
4. Declaration (please tick)				
<input type="checkbox"/> I declare the information provided is correct, complete and authentic. For an application on medical grounds, I can confirm the medical practitioner is not a near relative or close associate of mine. I authorise the College to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in disciplinary action.				
<input type="checkbox"/> I have read and understand the Guidance Notes of page 1 of this form.				
<input type="checkbox"/> Declaration regarding Exceptional Circumstances attached (if applicable). I make this declaration conscientiously, believing the same to be true: (Please attach supporting documentation).				
5. Signatures of Approving Persons (Yr 10 students require teacher and Academic Leader approval & Yrs 11-12 require teacher, Academic Leader & Assistant Principal for Curriculum approval)				
All required documents received	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date received	
Extension Granted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date returned	
Revised Due Date/Time for Assessment	Date:			
Teacher:	Signature		Comments/Conditions:	
Academic Leader:	Signature			
Assistant Principal:	Signature			