

## APPLICATION FOR AARA (ACCESS ARRANGMENTS REASONABLE ADJUSTMENT) COVID ONLY

**Student Details:**

Family Name:			
Given Name:			
Form Class:		Email:	
Phone Number:		Date of Application:	

**Application Type:**

Special Arrangements

**Reason for Application:**

COVID positive

COVID close contact

Date of COVID positive test: \_\_\_\_\_

**Please attached evidence e.g. photo of RAT test, PCR Test letter, etc to this application**

Please list relevant subjects and assessment tasks to be considered in the application:

Subject	Class Teacher	Assessment Task	Due Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***Completed application, and any evidence / supporting documentation,  
to be submitted to student's Head of School, for consideration.***

**Respect | Responsibility | Resilience**

## Outcome of Application

Student Name: \_\_\_\_\_

- Approved  
 Not approved

Details:
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\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Curriculum HOD(s) to outline details of special provision/reasonable adjustment provided to student, if application successful:

Subject	Class Teacher	Assessment Task	Revised Due Date	HOD Signature

Additional Descriptions: