



# Mackay State High School

## Junior Secondary AARA (Year 7 – 10) Application for Adjustment to Assessment

Date of Application:			
Student Name:		Form:	
Subject:			
Teacher:			
Assessment Item:			

Parent / Caregiver Name (Please print): \_\_\_\_\_

### Reason for Application:

- Family (incl. bereavement)                       Medical – (Medical Certificate / Note from Parent)
- COVID related – additional details:                       Positive Results                       Close Contact  
*Proof of Test result – include either PCR notice or photo of RAT Test*
- Other                       School Sport / Representation / Excursion

Other Reason for Application / Additional Evidence Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent / Caregiver Signature: \_\_\_\_\_

Original Due Date:	<input type="checkbox"/> Draft: _____ <input type="checkbox"/> Final Copy: _____
	<input type="checkbox"/> Exam / Oral: _____

*Completed application submitted to relevant Head of School (Junior or Middle) for consideration.  
(Written copy or via email)*

Outcome of Application:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
	Details: _____

Head of School Signature:		Date:	
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*Approved application provided to relevant Curriculum HOD for Revised Due Dates  
(in Consultation with Class Teacher). Teacher attaches application to assessment submission.*

Revised Due Dates:	<input type="checkbox"/> Draft: _____ <input type="checkbox"/> Final Copy: _____
	<input type="checkbox"/> Exam / Oral Resit: _____