

## APPLICATION FOR AARA (ACCESS ARRANGMENTS REASONABLE ADJUSTMENT) Years 11 and 12

### Student Details:

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

### Reason for Application:

- |   |  |
|---|--|
| <input type="checkbox"/> School Sport                   | <input type="checkbox"/> Bereavement                 |
| <input type="checkbox"/> Leadership / Cultural Activity | <input type="checkbox"/> Medical (non-COVID related) |
|   | <input type="checkbox"/> Exceptional Circumstances   |

Describe the reason for the application (i.e. impact of reason, indicated above)

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Type of evidence provided e.g Confidential Medical Report, Funeral Notice, Sports Nomination

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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:

\_\_\_\_\_  
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: