REQUEST FOR EXTENSION TO ASSIGNMENT (AARA) DUE TO ILLNESS OR MISADVENTURE GROUNDS BY A YEAR 10, 11 OR 12 STUDENT

QCAA AND LAIDLEY STATE HIGH SCHOOL SUPPORTING DOCUMENTARY EVIDENCE REQUIREMENTS	
Indicate below the reason for extension. Attach **all** required information with this form on submission of application.	
☐ ILLNESS GROUNDS	☐ MISADVENTURE GROUNDS
Part A and part B of the QCAA *Confidential Medical Report* needs to be attached with the following stated: ☐ the illness, condition or event (including details of a diagnosis, where applicable) ☐ date of diagnosis, onset or occurrence ☐ symptoms, treatment or course of action related to the condition or event ☐ explanation of the probable effect of the illness, condition or event on the student's participation in the assessment *the above is required to be signed by a medical practitioner	☐ written evidence from a relevant independent professional or other independent third party (e.g. police report)

Student name: Subject: Due date of assessment:

Formative/Summative (if summative, an AARA application needs to be submitted to QCAA)

I _____ have attached the supporting documentation required for application for extension. I acknowledge that the information on this application is true and correct.

_____ _____
Student signature Date

TO BE COMPLETE BY HEAD OF DEPARTMENT

Application for illness or misadventure has been:

☐ Approved – new due date for assessment is:

☐ Not approved:

_____
_____
_____
_____
_____

_____ _____
HOD signature Date