



Application for Special Consideration due to Illness/Misadventure/Extension – Stage 6

This application must be submitted to a Deputy Principal **72 hours** before the due date or **within two days** of your return to school. An application form must be submitted for each Assessment Task for which you are seeking Special Consideration.

Student:	Year:
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Course Name	Teacher

Supporting statement for this application:

(Provide Specific details of the circumstance leading to this request, attach another page if required)

Documentation attached:

Medical Certificate: **YES** **NO** **Statutory Declaration:** **YES** **NO**

Other documentation: (Please specify)

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Student Signature:

Date:

Received by:

Date:

Time:

Signature:

School Stamp

APPLICATION: **Approved** **Denied**