



Variation to Assessment

The expectation is that students must attempt tasks as scheduled. If circumstances exist prior to a task or arise on the day of the task you must:

1. Collect this form from the Administration Office and fill in the central register
2. **Report to the Head Teacher immediately**
3. Return the completed form to the Administration Office where a record will be kept

If you apply for a variation be aware that after reviewing your application the Head Teacher may:

1. set the same task the next practicable school day
2. give you a short oral examination (not to exceed 20 minutes)
3. set a different task of comparable standard
4. give an estimate based on course performance data

This form must be completed and returned within 2 days. Until this form is returned your task cannot be considered for marking.

Section A: To be completed by Student

Student Name: _____

Student Number: _____

Subject: _____

Original Date of Assessment Task: _____

Date of application for variation: _____

Outline in detail the reasons you are/were unable to attend. *As some details may need to be verified please provide phone numbers of medical or dental practitioners, parent mobile numbers or any other contact number necessary. In outlining reasons it is important to indicate when an appointment was made and the reasons it cannot be altered. Please attach documents needed to support application eg doctor's certificate.*

Section B: To be completed by Head Teacher

Date application received: _____

Alternative Arrangements

Signature _____