



WOREE STATE HIGH SCHOOL ASSESSMENT VARIATION REQUEST Years 7-10

Please tick the following areas that apply:

Student Name:	Year Level:
Subject:	Teacher:
Assessment Item:	Due Date:
Date of Extension:	Other Information:
1	Extension to timeline for upcoming assignment from Head of Department and Subject Teacher
2	Extension to timeline for upcoming examination being sought from Head of Department and Subject Teacher
3	Medical condition necessitating special consideration to assessment being sought from Head of Department and Subject Teacher
4	Non-medical circumstance necessitating special consideration to assessment (ie. Bereavement, representative sport) is obtained from Head of Department and Subject Teacher

Reason: (If medical, please attach medical certificate)

Student is making the request to vary condition because:

	/...../.....
Student Name (please print)	Student Signature	Date
	/...../.....
Parent/Carer Name (please print)	Parent/Carer Signature	Date

OFFICE USE ONLY.

Action Taken:

Extension granted

Extension NOT granted (If not granted, state reason)

HOD Curriculum _____ TEACHER _____