

APPLICATION FOR SHORT TERM AARA

(Access Arrangements and Reasonable Adjustments)

PERSONAL DETAILS				
Family Name:	Given Name:			Year Level :
APPLICATION CONDITION Explain the reason below (in detail) for applying for AARA. (In order for AARA to be approved, documentation MUST be submitted at the time of the application.)				
Reason for AARA:	o be approved, doc	umentation MUS 1 b	e submitted at the tir	ne of the application.)
Please indicate below which type of documentation is provided to support your application. Medical Certificate/Report Police Report Court Summons Other:				
	oreseen circumstan	ices or events that o	occur <u>before</u> the due o ys, etc).	extension to be granted date. Extensions are no
SUBJECT	TEACHER	ASSESSMENT TYPE	ORIGINAL DUE DATE	APPROVED DUE DATE
PLEASE NOTE: Application	ons for AARA general	lly should be submitte	d before or on the due o	date of assessment.
tudent Signature: Parent/Carer Signature: Parent/Carer Signature:				
Send your compl	assignme	orm, documentary ent to the following enttermaara@cvx		ed progress on the
		OFFICE USE ONL	Y	
Assistant Principal to com APPROVED: SIGNATURE:	VED: NOT APPROVED: Email Parent & Student • Email Teacher CL PL and AP			nd AP