



## ASSESSMENT VARIATION REQUEST FORM

### YEARS 7, 8 & 9

If you have any incomplete assessment tasks, complete this form, **first day back at school**, as follows:

- ✓ STUDENT : Complete Parts A, B & C
- ✓ STUDENT : Email form to Parent/Caregiver for Signing
- ✓ PARENT/CAREGIVER : Parent signs form to acknowledge request
- ✓ STUDENT or PARENT : Submit/email completed form to Assistant Principal, Junior Curriculum - Mr Wes Guthrie email ([wguthrie@marymount.qld.edu.au](mailto:wguthrie@marymount.qld.edu.au)) for Approval

#### PART A STUDENT DETAILS

FIRSTNAME:

SURNAME:

Date:

Pastoral Group:

#### PART B - REQUEST DETAILS

Subject	Teacher	Assessment/Task	Original Date Due

#### PART C - REQUEST BASED ON:

*Students may apply for variation to an assessment if they were prevented from performing the assessment item on the grounds of illness, accident, disability, bereavement or other compassionate circumstances.*

Medical grounds    ♦ any supporting documentation attached if available.

Non-medical grounds    ♦ provide below reason for nonsubmission/extension request

Provide details:

#### PART D - PARENT APPROVAL:

Parent/Caregiver's NAME:

Parent/Caregiver's SIGNATURE:

DATE:

*Failure to complete this procedure correctly or within the time stated may result in ZERO grade for this task.*

#### OFFICE USE ONLY

APA SIGNATURE

DATE:

NOTES: