



Application for Special Provisions – Assessment

Student Details

Surname:

First Name:

Year:

Subject:

Teacher:

Assessment Item:

Due Date:

Reason: Emergent Sick Other: please provide details

Details:

Medical Certificate: Yes No **Please upload a copy of the medical certificate**

Parent Endorsement:

Parent Email:

To email your completed application, please click on the **SUBMIT FORM** button.
To submit your application in person, please click on the **PRINT FORM** button and deliver to the front office at Mount Gravatt High School.

Note

- Please refer to Mount Gravatt High School's Assessment Policy
- Granting of special consideration is at the discretion of the Principal, Principal's delegate and approved only:
 - Where through circumstances the student is/was unable to submit/participate in the item of assessment;
 - AND**
 - In the absence of sufficient evidence for student work to be awarded credit due to emergent circumstance or illness of the student.

Office Use Only

Approved

Not Approved

Details:

