

Years 11 & 12 Short Term AARA Application Form AARA (Access Arrangements and/or Reasonable Adjustments)

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Revised	27/02/2024

1. Fill out the form										
2. Attach supporting documentation e.g., medical certificate or other relevant documents										
3. Email the form & documentation to: extensions.aara@stpauls.qld.edu.au To be completed by Student and Parent/Guardian										
Student Name:			pieteu by 5	tuuent a	Student		Year			
student Nume.					Number:		Level:			
Subject/s:	1				Subject	1				
	-				Teacher					
	2				Name/s:	2				
	3					3				
	4					4				
	5					5				
Please describe the situation that is impacting the student:										
What AARA adjustments is the student seeking (e.g., extra time, extension, other)?										
Student's Signature:					Date:					
Parent/Guardian's Signature:					Date:					
Parent/Guardian's Name:					Email:					
	Т	o be co	mpleted by t	the Head	of Career Pathw	/ays				
Application Decision:	Approved:		Declined:		Signature:		Date:			
Conditions				1				<u> </u>		
Approved:										