



Short-term Application for AARA (Access Arrangements and Reasonable Adjustments) or Absence Yr. 11 -12

Instructions for applications:

- Refer to Kawana Waters State College Assessment Policy prior to submission of the application.
- To be considered this application must be submitted as soon as practical to meet school and QCAA timelines.
- For **extensions**, application must be submitted **as soon as possible before the due date** unless student has been adversely affected by an unexpected emergent event.
- Students are **ineligible** for an **AARA** based on: unfamiliarity with the English Language, matters the student could have avoided (e.g. Misreading an exam timetable), timetable clashes, matters of the student or parent/carer's own choosing (e.g. Family holiday)
- Students are **ineligible** for a **School approved absence** based on matters of the student or parent/carer's own choosing (e.g. Family holiday).
- Granting of AARA or School approved absence is at the discretion of the QCAA, Principal or Principal's delegate and approved only when:
 1. the student successfully meets eligibility criteria;
 2. the student's circumstance provides a barrier to demonstrate their learning, knowledge and skill in the assessment instrument; **and**
 3. evidence exists to justify an AARA or School Approved Absence application.

This form (with evidence documentation attached) can be submitted:

- in person and delivered to the Guidance Officer at Secondary Administration Office at Kawana Waters State College, or electronically to aara@kawanawaterssc.eq.edu.au using Subject line [Student Name] [Year Level] - AARA Application Form

TO BE COMPLETED BY STUDENT AND / OR PARENT

STUDENT NAME		HOME GROUP		APPLICATION DATE	
PARENT/GUARDIAN NAME		EMAIL		PHONE	
Please tick and complete applicable sections					
<input type="checkbox"/>	Illness and misadventure <input type="checkbox"/> Social / Emotional eg. Mental health <input type="checkbox"/> Bereavement			PLEASE COMPLETE SECTION A	
<input type="checkbox"/>	Short-term or temporary conditions <i>(Evidence needs to be dated within the preceding six months of internal assessment)</i>			PLEASE COMPLETE SECTION A	
<input type="checkbox"/>	Other Absence (e.g., Regional/State/National Representative Sport or Artistic Endeavours) <i>Extensions are not permitted. IF granted, non-examinations are required to be submitted/presented on or before due date. For examinations a comparable exam will be offered prior to the original examination date.</i>			PLEASE COMPLETE SECTION A	
Type of Request			Documentation / Evidence Provided (Must be attached)		
<input type="checkbox"/>	Extension to due date of assignment (COMPLETE PART C)		<input type="checkbox"/>	Medical Evidence e.g. Certificate/Report	
<input type="checkbox"/>	Reschedule of examination date (COMPLETE PART C)		<input type="checkbox"/>	QCAA Medical Report	
<input type="checkbox"/>	Adjustment to conditions of examination(s)		<input type="checkbox"/>	QCAA School Statement	
			<input type="checkbox"/>	QCAA Student Statement	
			<input type="checkbox"/>	Parent Statement Evidence of Representative Sport	
			<input type="checkbox"/>	Other (e.g. Evidence of Representative Sport, Bereavement Document, Police Statement)	
Please continue to complete details on next page					

PART A – Diagnosis / Reason for Absence

Please provide details:

Dates of Absence (if applicable)

PART C – Request for Extension to Due Date of Assignment and/or Reschedule of Examination Date*(To be completed by student)*

Subject	Teacher	Due Date	Assessment e.g., IA1, FIA2	Approved Due Date <i>(This column to be completed by School once approved.)</i>

Student and Parent/Guardian Acknowledgement:

We have discussed the grounds for this application and we request additional support to minimise barriers to demonstrate learning, knowledge and skill in the assessment/s stipulated above. We acknowledge that this is a request only and is subject to approval from the QCAA, Principal or Principal’s Delegate in line with Kawana Waters State College’s Assessment Policy, and where applicable, the Queensland Curriculum and Assessment Authority (QCAA) policy and procedures.

Student Signature	Date	Parent/Guardian Signature	Date

(Admin Use Only)

Absence Category: AARA – Short term AARA – Illness & Misadventure Non AARA School Approved Absence
 Medical Certificate/Report Attached: Yes No Other Documentation Attached: Yes No
 Application for AARA Approved: Yes No Principal Approval for School Approved Absence : Yes No
 QCAA AARA Completed (if applicable) Yes No KWSC AARA/Absence Register completed : Yes No
 Parent/Carer/Student & Staff informed of application outcome (OneSchool Contact entered): Yes No
 Relevant Curriculum HoDs/Teachers/other relevant staff informed of application outcome: Yes No
 Senior Schooling HoD and Senior School Data Officer informed and sent a copy of AARA/Absence Application form: Yes No
 AARA /Absence Application form and medical /other documentation uploaded on OneSchool Yes No

Processed by GO/ Case Manager: _____ Signature: _____ Date: ____ / ____ / ____