



## Stage 6 School-Based Assessment Variation Form

Student Details	
<b>Name:</b>	
<b>Name of Course:</b>	
<b>Assessment Task Number and Name:</b>	
<b>Due Date:</b>	
<b>Date and Time of Submission:</b>	
<b>Relevant Documentation Attached</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

Please return this form to Student Services. It must be signed and dated by administration staff.

Instructions: Tick the relevant box. Please attach the relevant evidence to this documentation.

- UNFORESEEN ABSENCE FROM TASK - Illness Misadventure**- On the day of a task.  
This form must be submitted the **day following the task** or the first day upon return to school.
- ILLNESS / MISADVENTURE** during an in class - Stage 6 School Based Assessment Task.  
This form must be submitted the **day following the task** or the first day upon return to school.
- FORESEEN ABSENCE** prior to an in-class Stage 6 School Based Assessment Task.  
This form must be submitted at least **THREE DAYS** prior to the Stage 6 School Based Assessment Task.
- EXTENSION REQUEST** for task submission / completion  
This form must be submitted **prior to the due date** of Stage 6 School Based Assessment Task.
- ILLNESS / MISADVENTURE prior to a task** - Unforeseen circumstances just prior to a task  
This form must be submitted prior to, or on the day of the task.

Please provide details for your Assessment Variation.

<b>Student Signature:</b>		<b>Date:</b>	
<b>Parent / carer name:</b>		<b>Date:</b>	
<b>Parent / carer Signature:</b>		<b>Date:</b>	

Application Outcome			
Application Supported	<input type="checkbox"/>	Application Declined	<input type="checkbox"/>
Details:  <input type="checkbox"/> Application upheld - Amended due date: _____  Staff Member Coordinating: _____  <input type="checkbox"/> Application upheld - Task completed - mark to be reviewed at the end of course  <input type="checkbox"/> Application upheld - Provisional estimate given. Reviewed at the end of the course. Extenuating Circumstances. Details to be provided below.		Details:  <input type="checkbox"/> No evidence provided:  <input type="checkbox"/> Does not meet policy requirements	
Signed:		Date:	

OFFICE USE ONLY		
	Date	Signed
Date Received		
Assessment Committee Review		
Receipt of application		
Outcome letter provided		
Completed at revised due date		
Appeal received		