

Sarina State High School

Short Term AARA Application



How to use this form:

Step 1	Step 2
<ul style="list-style-type: none"> • Complete form • Attach necessary evidence 	<ul style="list-style-type: none"> • Email completed form and evidence to specialprovisions@sarinashs.eq.edu.au <p>Note: in the subject line of the email: AARA Request - Student Name – Year Level</p> <ul style="list-style-type: none"> • Alternatively, you can submit your application in person by printing your form and deliver it along with any supporting evidence to the Administration Office at Sarina State High School.

Date of Application:			
Student Name:		Year Level:	
Student Email:			
Parent/Carer Name:			
Parent/Carer Email:			

Reason for Application:

AARA Category (Please Select)	Required Evidence
<input type="checkbox"/> Bereavement	Parent/Carer note outlining special circumstances
<input type="checkbox"/> Illness	Medical Certificate/RAT Registration
<input type="checkbox"/> Misadventure (unavoidable incident)	Parent/Carer note outlining special circumstances
<input type="checkbox"/> Representative Sport	Confirmation of participation in sporting event
<input type="checkbox"/> Social/Emotional	Medical Certificate or written endorsement from Guidance Officer
<input type="checkbox"/> School Activity (approved excursion)	Confirmation of participation
<input type="checkbox"/> Work Experience	Work Experience Agreement

Parent/Carer Signature: _____

For Office Use Only

Year 7 – 10	Year 11 – 12
<input type="checkbox"/> Notification Email Sent <ul style="list-style-type: none"> <input type="checkbox"/> Parent/Carer <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Curriculum Head of Department 	<input type="checkbox"/> Notification Email Sent <ul style="list-style-type: none"> <input type="checkbox"/> Parent/Carer <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Curriculum Head of Department
<input type="checkbox"/> Record of Contact OneSchool (Application Form/Email)	<input type="checkbox"/> Record of Contact OneSchool (Application Form/Email)
<input type="checkbox"/> Filed Student Records	<input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3 <input type="checkbox"/> Unit 4 <input type="checkbox"/> Application submitted QCAA Portal (NICHSA) <input type="checkbox"/> QCAA Application Report <input type="checkbox"/> Filed Student Records

Subject	Teacher	Assessment Task Exam/Assignment/Presentation (Please State)	Original Due Date	Approval Revised Due Dates (Office Use Only)
Eg. English	Mrs Nicholls	Assignment	Draft: 2/02/24 Final Copy: 14/02/24 Exam: _____ Presentation: _____	<input type="checkbox"/> Draft _____ <input type="checkbox"/> Final Copy _____ <input type="checkbox"/> Exam _____ <input type="checkbox"/> Presentation _____ <input type="checkbox"/> Location _____
			Draft: _____ Final Copy: _____ Exam: _____ Presentation: _____	<input type="checkbox"/> Draft _____ <input type="checkbox"/> Final Copy _____ <input type="checkbox"/> Exam _____ <input type="checkbox"/> Presentation _____ <input type="checkbox"/> Location _____
			Draft: _____ Final Copy: _____ Exam: _____ Presentation: _____	<input type="checkbox"/> Draft _____ <input type="checkbox"/> Final Copy _____ <input type="checkbox"/> Exam _____ <input type="checkbox"/> Presentation _____ <input type="checkbox"/> Location _____
			Draft: _____ Final Copy: _____ Exam: _____ Presentation: _____	<input type="checkbox"/> Draft _____ <input type="checkbox"/> Final Copy _____ <input type="checkbox"/> Exam _____ <input type="checkbox"/> Presentation _____ <input type="checkbox"/> Location _____
			Draft: _____ Final Copy: _____ Exam: _____ Presentation: _____	<input type="checkbox"/> Draft _____ <input type="checkbox"/> Final Copy _____ <input type="checkbox"/> Exam _____ <input type="checkbox"/> Presentation _____ <input type="checkbox"/> Location _____

Outcome of Application:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Deputy Principal Signature:		Date: _____

**Approved application provided to relevant Curriculum HOD/Teacher/Parent/Carer/Student.
Teacher attaches application to assessment submission.**