



Craig'slea State High School

Application for Participation in an Approved External Activity

- Please refer to Craig'slea State High School's Year 11 & 12 Assessment Policy prior to the submission of an application.
- Application is to be received a minimum of 3 weeks before the assessment due date, where possible.

Student Details			
Name:	Click or tap here to enter text.	Roll Class:	Click or tap here to enter text.
Date:	Click or tap here to enter text.	LUI:	Click or tap here to enter text.

Period of External Activity *Please indicate* ☐ Unit 1 ☐ Unit 2 ☐ Unit 3 ☐ Unit 4

Eligibility details *Please indicate and briefly describe the school approved external event.*

Dates	Category	Details
	<input type="checkbox"/> Cultural <input type="checkbox"/> Representative Sport <input type="checkbox"/> Student Leadership <input type="checkbox"/> Further Study Activity	Click or tap here to enter text.

Unit 1: Subject	Teacher + HOD	Assessment due date	Requested extension date	Description of task
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.

Office Use Only

☐ Relevant official documentation received

Unit 2: Subject	Teacher + HOD	Assessment due date	Requested extension date	Description of task
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.

Unit 3: Subject	Teacher + HOD	Assessment due date	Requested extension date	Description of task
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.

Unit 4: Subject	Teacher + HOD	Assessment due date	Requested extension date	Description of task
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.
	Enter text			
Click or tap here to enter text.	Enter text	Enter text	Enter text	Click or tap here to enter text.

Student statement

Describe how the school approved external activity will affect your access to the assessment and/or ability to communicate a response to assessment

Click or tap here to enter text.

Detail what kind of arrangements or adjustments will enable you to complete assessment

Click or tap here to enter text.

Student signature: _____ Date: _____

Parent/guardian signature: _____ Parent name: _____

In signing this I give my consent for relevant information to be shared with the Queensland Curriculum and Assessment Authority (QCAA) if required.

Deputy Principal signature: _____ Date: _____

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Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description (including amended dates for submission) Enter text	
Reason for refusal: Enter text	<input type="checkbox"/> Parent informed <input type="checkbox"/> Contact recorded

Checklist

<input type="checkbox"/>	Confirmation email completed (sent to student, parent/carer, teacher, HOD)
<input type="checkbox"/>	Original copy in student file
<input type="checkbox"/>	OneSchool contact recorded