******Craigslea State High School**

**Application for Participation in an Approved External Activity**

**Return via email to** AARA@craigsleashs.eq.edu.au

* Please refer to Craigslea 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.

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| **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.*

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| **Dates** | **Category** | Details |
|  | [ ]  Cultural[ ]  Representative Sport[ ]  Student Leadership[ ]  Further Study Activity | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| **Unit 1: Subject** | **Teacher + HOD** | **Assessment due date** | **Requested****extension date** | **Description of task** |
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**Office Use Only**

[ ]  **Relevant official documentation received**

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| **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. |
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| **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. |
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| **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. |
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**Student statement**

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**

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| Approved? | [ ]  Yes [ ]  No |
| Description (including amended dates for submission)Enter text |
| Reason for refusal: Enter text | [ ]  Parent informed [ ]  Contact recorded |

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| **Checklist** |
|[ ]  Confirmation email completed (sent to student, parent/carer, teacher, HOD) |
|[ ]  Original copy in student file |
|[ ]  OneSchool contact recorded |