



Saint Mark's Coptic Orthodox College

Tel: 9825 6768, Fax: 9825 6489
 ABN: 64 796 481 099
 CRICOS Provider Number: 02342F

52 Australis Ave Wattle Grove.
 P.O. Box 747, Moorebank, NSW, 1875
 Email: office@stmarks.nsw.edu.au
 Website: www.stmarks.nsw.edu.au

APPLICATION FOR SPECIAL EXAMINATION PROVISIONS

Student Name:	
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Year

Date:		Roll Group:	
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Date of Birth:	
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Student Number (if applicable):	
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Reason for Application (please tick ✓):	<input type="checkbox"/> Hearing impairment (e.g. partial deafness) <input type="checkbox"/> Learning difficulty (e.g. dyslexia, reading disorder) <input type="checkbox"/> Medical illness (e.g. diabetes, chronic fatigue syndrome) <input type="checkbox"/> Physical disability (e.g. broken finger) <input type="checkbox"/> Psychological condition (e.g. anxiety) <input type="checkbox"/> Vision impairment (e.g. blindness)
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Supporting Evidence Attached (please tick ✓):	<input type="checkbox"/> Hearing test (audiogram) and report <input type="checkbox"/> Specialist Report from Paediatrician or Psychologist (written in the last 12 months) <input type="checkbox"/> Standardised Reading Test (York or Woodcock or WIAT II/III) <input type="checkbox"/> Vision test and report
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Provision(s) Requested (please tick ✓):	<input type="checkbox"/> Extra Time (for reading difficulties) <input type="checkbox"/> Extra Time (for writing difficulties) <input type="checkbox"/> Reader (for reading difficulties) <input type="checkbox"/> Rest Breaks (for improving concentration) <input type="checkbox"/> Writer (for writing difficulties) <input type="checkbox"/> Other provision (specify below)
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Other Provision: _____ _____ _____
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Student's Signature: _____

Parent's Signature: _____

College use only:

Decision	Details
<input type="checkbox"/> Further evidence required	<input type="checkbox"/> Hearing test (audiogram) and report <input type="checkbox"/> South Australian Spelling Test for Learning difficulty (College to administer) <input type="checkbox"/> Specialist Report from Paediatrician or Psychologist (written in the last 12 months) <input type="checkbox"/> Standardised Reading Test (York or Woodcock or WIAT II/III) <input type="checkbox"/> Vision test and report
<input type="checkbox"/> Provision(s) granted	<input type="checkbox"/> Extra Time (for reading difficulties) <input type="checkbox"/> Extra Time (for writing difficulties) <input type="checkbox"/> Reader (for reading difficulties) <input type="checkbox"/> Rest Breaks (for improving concentration) <input type="checkbox"/> Writer (for writing difficulties) <input type="checkbox"/> Other provision (specify below)
Comment: _____ _____ _____ _____	
Head of College: _____ Date: ____ / ____ / ____	

Letter to Parents: Date: ____ / ____ / ____ Signed: _____

If Special Provisions are granted:

House Patron Notified: Date: ____ / ____ / ____ Signed: _____

Curriculum Committee: Date: ____ / ____ / ____ Signed: _____

HSC: e-BOS Application: Date: ____ / ____ / ____ Signed: _____