



Extenuating Circumstances Form

This form should be completed by students who wish to claim **Extenuating Circumstances (ECs)** or request an **Extension*** for a particular assessment. **Please note that only the Extenuating Circumstances Committee (ECC) can approve ECs or an Extension. Individual members of academic staff cannot make these decisions.**

1. STUDENT DETAILS (Fill in CAPITAL Letters)

Class / Section		Date of request	
Student Name		Student ID	
Father Name		Mobile #	

2. AFFECTED ASSESSMENTS Please detail the assessment(s) for which you wish to claim Extenuating Circumstances (if more than one, please list on separate rows)

Assessment Element	Assessment task / date (e.g. English Exam on 7 Feb)	Impact on Assessment
<ul style="list-style-type: none"> ▪ Period Test 1 ▪ Term 1 Exams ▪ Periodic Test 2 ▪ Term 2 Exams ▪ Home Assignment 		One of the following: <input type="checkbox"/> Assessment missed <input type="checkbox"/> Assessment taken <input type="checkbox"/> Extension requested (length)

3. NATURE OF EXTENUATING CIRCUMSTANCES

Please indicate (☒) which circumstances apply. (You may tick more than one).

- | | |
|--|--|
| <input type="checkbox"/> A1 Illness or hospitalisation | <input type="checkbox"/> A3 Victim of crime |
| <input type="checkbox"/> A2 Illness of a family member/dependant | <input type="checkbox"/> A4 Other personal circumstances |

Please provide a brief description of the **nature of your ECs**. Explain how they have **affected your assessments or why you require an extension**. **(If you are requesting an extension, please include an estimate of time lost in working on your assessments but please note the length of extension will be determined by the Extenuating Circumstances Committee.)**

4. <u>SUPPORTING EVIDENCE</u>
<ul style="list-style-type: none"> ▪ Please list all supporting evidence enclosed with this submission. If you do not have the evidence, submit the form and state what evidence will be provided (marked 'to follow'). ▪ Attach photocopies of actual document. Ensure you retain original documents.
5. <u>DEADLINES FOR SUBMITTING THIS FORM</u>
<ul style="list-style-type: none"> ▪ Extensions: Prior to Assessment or the deadline for submitting the assessed work. ▪ ECs: Within 2 calendar weeks of the affected exam / assessment deadline.
6. <u>SUBMISSION AND DECLARATION</u>
<p>By submitting this form, you declare that it represents a true and complete description of your circumstances regarding the affected assessments. Approved ECs/Extension may incur a fee. False claim/statement is a serious offence and will be held for disciplinary and may result in Expulsion from the school.</p> <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center; width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> PARENT SIGNATURE (FULL NAME) </div> <div style="text-align: center; width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> STUDENT SIGNATURE (FULL NAME) </div> </div>

----- END OF FORM -----

Extenuating Circumstances Committee		(Official Use. DO NOT FILL this section)	
Submission on Time		Documents Submitted/Verified	
ECC Decision			
Notes			
Signature (Full Name of ECC Officer)			
STATUS OF EC SUBMITTED (Approved / Rejected / Under Consideration)			
Date:			