



MACKAY NORTH STATE HIGH SCHOOL



Application for Access Arrangements and Reasonable Adjustments (AARA)

STUDENT DETAILS

Student Name:		Home Group:	
Subject/s 1.	2.	3.	
4.	5.	6.	
Parent Name	Parent Signature		

TYPE OF AARA (tick one)

Aware – (Medical procedure, sport, cultural)		
Unaware – (Illness, emergency)		
Long Term		

CATEGORY (tick one)

Cognitive		Physical	
Sensory		Social/emotional	
Illness/Misadventure			

ADDITIONAL INFORMATION

ADJUSTMENTS REQUESTED

HOD SIGNATURE

Subject 1		
Subject 2		
Subject 3		
Subject 4		
Subject 5		
Subject 6		

SUPPORTING DOCUMENTATION ATTACHED (tick all relevant)

Teacher Statement		Medical Report	
Evidence of a verified disability		Other evidence (eg: police report)	

PRINCIPAL / PRINCIPAL'S DELEGATE RESPONSE

Date Principal / Delegate received request		Date:
Approved	Not Approved	Date:
Signature		Date