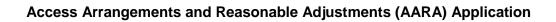
## **BREMER STATE HIGH SCHOOL**





## Application – To be filled in by student or staff member

Student name:		Form class:	
Requested AARA			
Subject/s:			
Extension Other:			
Reasoning:			
Evidence provided (please attach):			
☐ Medical Certificate ☐ Other:			
Application completed by:			Staff / Student
Approval – To be filled in by Deputy Principal or Dean			
Principal reported		QCAA approved	
Evidence attached		School statement	
		Evidence attached	
		Uploaded for approval  Date:	
Approved		Approved by QCAA	
Date:	🗆	Date:	
Approved by:			
AARA to be implemented:			
		Signed: _	