



THE THOMAS HARDYE SCHOOL

APPLICATION FOR SPECIAL CONSIDERATION

Student Name:	TG:	Candidate Number:
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Please request special consideration for the exam(s) on the following date(s):

Date and session (morning/afternoon)	Subject	Sat exam but disadvantaged <input checked="" type="checkbox"/>	Did not sit exam <input checked="" type="checkbox"/>

Please provide the precise nature of the adverse circumstances affecting the student's exam (continue on reverse if necessary).

Date on which these circumstances first affected the student: ___ / ___ / ___

Are these circumstances ongoing? Yes / No

Please list overleaf any evidence provided to support this request on the reverse of the form and attach supporting documentation e.g. letter from medical professional

Signed:	Full Name:
Relationship to student:	Email:

Please Note: "Candidates will NOT be eligible for special consideration if preparation for or performance in the examination is affected by long term illness or other difficulties during the course affecting revision time, unless the illness or circumstances manifest themselves at the time of the assessment" **JCQ**

Circumstances continued and/or Evidence in support of request (please attach all documentation):

Please Note: "Candidates will NOT be eligible for special consideration if preparation for or performance in the examination is affected by long term illness or other difficulties during the course affecting revision time, unless the illness or circumstances manifest themselves at the time of the assessment" **JCQ**