

Application to Examining Board for Special Consideration



All applications will be treated in strict confidence.

This form must be completed in full or will not be accepted. Please note form must be signed by candidate and parent/guardian.

Candidate Name	
Candidate Number	
D.O.B.	
Details of Disadvantage	
Date Problem occurred	
Examinations (including dates) for which candidate was disadvantaged	
Medical Evidence	Must be attached

Signed: _____ Parent/Guardian

Signed: _____ Candidate

Date: _____

Please return to the school office, preferably ASAP after the examination affected, together with the doctor's letter and by the deadline of 3pm on Friday 23 June 2023 for Summer series examinations. Please mark for the attention of Mrs Ferguson (Examinations Officer).

Incomplete applications or those received after this date, will not be accepted.