

# J Application for special arrangements

WCT/SA



## World Class Tests



### Application for special arrangements

**Test session**

**WCT centre no.**

**School/centre name**

**Student ID**  -

**Student Name**

**Components for which application is made**

Age	Subject	Component Code

**Reason for application**

**Please tick the appropriate boxes**

Medical/psychological evidence accompanies this form

Evidence of handwriting accompanies this form

Additional details of evidence attached

.....  
.....  
.....

*Special examination arrangements required (please be specific)*


*Special Arrangements already made within the centre for classroom work and tests (this section must be completed in all cases.)*


**Declaration**

I am satisfied that the information provided on this form is accurate. I fully support the application and confirm that the student is appropriately entered for the examination(s) concerned.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Head of school or centre/authorised member of staff/parent or carer of external candidate (Delete as appropriate)

<b>FOR OFFICE USE ONLY:</b>
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