

CANDIDATE'S DECLARATION

Special assessment conditions may not be approved if this declaration is not fully completed and signed.

I _____
Candidate's name in block capitals

understand that if this application for special assessment arrangements is approved, the certificate and preliminary slip may be endorsed as appropriate.

Signature: _____ Date: _____
Candidate *DD/MM/YY*

Signature: _____ Date: _____
Parent/Guardian *DD/MM/YY*
(if candidate is less than 18 years of age)

LOCAL REGISTRAR'S DECLARATION

(FOR PRIVATE CANDIDATES NOT ENROLLED IN AN EDUCATIONAL INSTITUTION)

I declare that to the best of my knowledge the information provided in this application is correct.

Name: _____ (Block Capitals)
*Local Registrar**

Signature: _____ Date: _____
*Local Registrar**

**The Local Registrar must sign on behalf of all private candidates who are not enrolled in an educational institution.*

FOR OFFICIAL USE

Date Received: _____

Completed Form Approved Not Approved

Medical Report/Psychologist's evaluation Date LR notified _____