

VICTORIAN CURRICULUM AND ASSESSMENT AUTHORITY

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**NATIONAL ASSESSMENT PROGRAM – LITERACY AND NUMERACY (NAPLAN)
Request to Vary Dates
YEARS 3, 5, 7 AND 9**

VCAA Privacy Statement

The Victorian Curriculum and Assessment Authority (VCAA) is a statutory authority established under the *Education and Training Reform Act 2006*. The VCAA is committed to protecting all personal information collected and handling this data in accordance with the *Information Privacy Act 2000*. All information collected will be kept secure and confidential.

**Fax this form to the VCAA on (03) 9225 2334 by 20 March 2009
Form also available online: www.vcaa.vic.edu.au/prep10/**

Notes:

1. If the school has exceptional circumstances which affect the conduct of the NAPLAN, on 12, 13, 14 May 2009 the principal should use this form to request a variation to these dates for the school.
2. Government and Catholic schools must obtain written approval for this request from the appropriate sector authority before sending this form to the VCAA. Independent schools should fax the form directly to the VCAA.
3. The VCAA will notify the principal of the result of this request. If a variation to the testing dates is approved, the principal will organise the return of test booklets to the VCAA **at the school's expense**. This will be no later than **Friday 22 May 2009**.
4. A copy of this form should be retained for school records.

BLOCK LETTERS (PRINT)

School name _____ VCAA School Code _____

Principal / Head teacher _____ Telephone _____

Fax _____ Email _____

School Year Year 3 Year 5 Year 7 Year 9

Proposed date for Language Conventions/Writing Test _____

Proposed date for Reading Test _____

Proposed date for Numeracy Test/s _____

Reason for variation of dates _____

Principal / Head teacher's signature _____ Date _____

Approval by sector authority (Victorian Government and Catholic schools only – please tick appropriate box) BLOCK LETTERS

Department of Education and Early Childhood Development – Regional Director or Assistant Regional Director

Name _____ Position _____

Signature _____ Date _____

Catholic Education Office Melbourne – Director of Catholic Education Diocese or Regional Manager

Name _____ Position _____

Signature _____ Date _____

VCAA USE ONLY

Your request to vary the date/s for the NAPLAN tests 2009 has been approved.

Authorized by:

Signature _____ Date _____