

[**Insert school logo here**]

**<**Date**>**

Dear **<insert full name > <insert NSN>**

**Examination Timetable Clash**

From your NZQA examination timetable, a clash has been identified. You have two exams on at the same time, as follows:

**< insert subject, level, day, date, time >**

**< insert subject, level, day, date, time >**

The following arrangements have been made to resolve this clash while maintaining the security of the national examinations.

**<delete the arrangement which does not apply>**

You will sit all standards for the subjects within the one exam session.

**<or>**

* Please report to the supervisor at the exam venue by **9.10am**.
* You will sit **<subject, level>** in the morning session.
* You must stay in the exam room until the end of the session (12.30pm) and wait for your supervisor to accompany you to the assigned lunch room.
* You will be supervised throughout the lunch break and escorted to the afternoon exam venue. If you have a mobile phone or other electronic device, it must remain inside your sealed emergency evacuation pack and can only be accessed with the permission of your supervisor. During the lunch break you may study for your afternoon examination.
* You will sit **<subject, level>** in the afternoon session and you must stay in the exam room until at least **2.45pm**.
* If you need to go to the toilet during exams or during the break, you will be accompanied by a staff member.
* If you decide not to sit the exam in the afternoon (after entering the exam room for the morning exam), you must still remain under supervision until 2.45pm.

You **must** bring the following with you:

* Your Admission Slip
* Photo ID
* Lunch – you will not be permitted to leave the supervision room to buy lunch

**Please follow these arrangements carefully. If you do not, NZQA will investigate as a possible breach of the rules.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal’s Nominee)

I agree to follow the above arrangements and understand the consequences if I do not.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Student) (Parent/Caregiver)

***Return this signed agreement to <Name of Principal’s Nominee> by <date>. You will be given a copy of the signed agreement for your own records***