



Illness / Misadventure Appeal

This appeal form is for use by students who:

- are prevented from attending an assessment task due to illness or misadventure;
- consider that their performance in an assessment task has been adversely affected by illness or misadventure occurring immediately prior to or during the assessment.

This form is to be collected from the Deputy Principal and is to be lodged with the Faculty Head Teacher.

Name: _____ Roll Call: _____

Subject: _____ Class Teacher: _____

Task: _____

Date of Task: _____

Did you attend the task **or** submit the assignment? _____

Reason for Appeal:

(Note: if the reason is illness, a medical certificate must be attached.)

Date Appeal submitted: _____

Student Signature: _____

Parent/Carer Signature: _____

Decision of Head Teacher: Approved or Not Approved

Recommendation of Head Teacher:

- Same task to be given at later date Alternative task to be set Estimate to be given
 Award zero mark Moderated mark
 Other option as determined by Head Teacher _____

Head Teacher Signature: _____ **Date:** _____

Decision of Deputy Principal: Approved or Not Approved

Deputy Principal Signature: _____ **Date:** _____

