Student Appeal Form

Category (please tick one)
☐ Appeal due to illness, accident or misadventure
☐ Appeal in relation to the final assessment and/or course rank
☐ Request for extension of time

Student’s Name: ____________________________________________________________

Course: ___________________________ Task Number: _______

Nature of Assessment Task: ______________________________________________________________________________________________

Due Date: _____/_____/_____    Class Teacher Name: _______________________________

Reason for Appeal/ Request: (state details to support your case (or attach statement)
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

Medical Certificate is attached:     Yes ☐ No ☐
Additional information attached: Yes ☐ No ☐

_____________________________  ____/____/____      __________________________  ____/____/____
Signature of student     Date Signature of Parent/ Caregiveer   Date

Head Teacher Recommendation: Reason for decision:
• Complete a substitute task
• Estimate to be given
• No marks to be awarded
• Sit or submit the task without penalty
• Task to be submitted with penalty
• Extension granted

New Due Date: _____/_____/_____  ____/____/____

Signature of Head Teacher                  Date Signature of Principal        Date

Copies of this form are available from Head Teachers and the Administration Office