

Appeals Due to Illness & Misadventure

→ SUBMIT THIS FORM TO DEPUTY PRINCIPAL MRS LEON

Section A: To be completed by student

Student Name

Date

IMPORTANT A SEPARATE FORM MUST BE SUBMITTED FOR EACH ASSESSMENT THAT YOU ARE APPEALING

Assessment / Examination Details

Original Date (or submission date)

Describe how illness or unforeseen misadventure affected your performance or prevented your attendance. Attach any documentation that you might have to support your appeal.

ATTACH A SEPARATE PAGE IF REQUIRED

Student declaration:

I have carefully read the *Senior Assessment Policy & Procedures* detailing the Appeals Process (page 10).

I have completed each item on this form and included appropriate documentation to support my appeal.

I declare that all the information I have supplied is true.

Student signature

Date

3 copies:

Original to Applicant

DP Monitoring Folder

Teacher

Student File

Section B: To be completed by the Deputy Principal Mrs Leon

Appeal Upheld?

Yes

No

Further Comments

DP signature

Date