



Bonnyrigg High School

Illness/Misadventure Appeal



Stage 5 (Year 10) / Preliminary / HSC Assessment (circle one)

Name: _____

Date: _____

Subject: _____

Assessment Task: _____

Teacher: _____

Due Date: _____

Prior knowledge of absence

Illness

Exceptional circumstance

I was/will be:

Absent from school on the day an Assessment Task is due to be handed in

Absent from school on the day of an in-class Assessment Task

Sick during the completion of an Assessment Task at school

Exceptional circumstances adversely affected performance in an Assessment Task (in this case, the Appeal MUST be submitted on the day of the Assessment Task)

Reasons supporting application (to be completed by the student):

I have attached:

Medical Certificate from Dr _____ Dated: _____

Letter from parent/caregiver

Other (please describe):

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

To be completed by faculty Head Teacher

Faculty Recommendation

(tick one only)

- a) Zero mark awarded
- b) Require the same task to be given at a later date
- c) Set an alternative task
- d) Give an estimate
- e) Other

Head Teacher Signature: _____

Date: _____