



# Illness / Misadventure Appeal

This form is to be completed by a student who is unable to attend/submit an assessment task on the due date. Procedures outlined in the assessment booklet must be followed in order for any consideration to be extended with regards to the task.

This form together with any other relevant documentation, such as a doctor's certificate with a valid medical reason, must be completed and presented to the appropriate Head Teacher. This should be done prior to the due date where applicable or on the first day of your return to school.

Failure to submit this form promptly may adversely affect the result of your request. It should not be assumed that an application using this form will be successful, as the reasons provided will be assessed on their merits.

Student Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Date of Appeal: \_\_\_\_\_ Teacher: \_\_\_\_\_

Course (tick one only):

- Stage 5 (Year 10)
- Preliminary
- HSC

Assessment Task: \_\_\_\_\_

Due Date of Task: \_\_\_\_\_

**My appeal is based on** (tick one only):

- Prior knowledge of absence
- Illness
- Exceptional circumstances

**I was/will be** (tick one only):

- 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 at school
- Sick during the completion of an Assessment Task at school
- Exceptional circumstances adversely affected the performance in an Assessment Task (in this case, the appeal MUST be submitted on the day of the Assessment Task)

**My appeal is based on the following grounds:**

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**I have attached** *(tick one only)*:

- Medical Certificate from Dr \_\_\_\_\_ dated \_\_\_\_\_
  - Signed letter from parent / caregiver dated \_\_\_\_\_
  - Other (please describe)
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Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY THE FACULTY HEAD TEACHER

#### Faculty Recommendation

- Zero mark awarded
- Require the same task to be given at a later date
- Set an alternative task
- Give an estimate
- Other (please describe) \_\_\_\_\_

HT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DEPUTY PRINCIPAL ENDORSEMENT

**If illness/misadventure is across more than one subject, the Deputy Principal needs to be notified and give approval.**

Approved  
Follow up (if required)

Not Approved  
Reason/Action

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DP Signature: \_\_\_\_\_ Date: \_\_\_\_\_