CAMDEN HAVEN HIGH SCHOOL

HSC COURSE

Illness, Accident and Misadventure Appeal

Student Name: ........................................................................................................ Year: .................

Course: .................................................................................................................. Assessment Task: .................................................................

Due Date: ........................................ Date of Submitting this form: .................................................................

Please give your reasons for failing to meet the assessment requirements. Give details to support your appeal.

_______________________________________________________________________________________

Signed:.......................................................... Signed:..........................................................

(Parent/Carer) (Student)

Medical Certificate attached: ☐ Yes ☐ No

Teacher’s Recommendation: ☐ Yes ☐ No

Reason........................................................................................................................................

_______________________________________________________________________________________

Faculty Decision:

☐ Appeal accepted without penalty ☐ Student to receive an estimate

☐ Extension granted until ......................... ☐ Students to complete a substitute task

☐ Alternate time to complete and submit task

☐ Appeal rejected for ....................................................................................................................

Head Teacher: .................................................. Date: ..........................................................

Notice to Student:

Student Name: ........................................................................................................ Year: .................

In regards to your “Illness, Accident and Misadventure Appeal” for the ..........................................task.

We have considered the details of your appeal and the faculty decision is:

☐ Appeal accepted without penalty ☐ Student to receive an estimate

☐ Extension granted until ......................... ☐ Students to complete a substitute task

☐ Alternate time to complete and submit task

☐ Appeal rejected for ....................................................................................................................

Head Teacher: .................................................. Date: ..........................................................