CAMDEN HAVEN HIGH SCHOOL

SINGLE 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

__) Supervisor’s Recommendation:  □ Yes  □ No

Reason: .................................................................................................................................

__________________________________________________________________________________________

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

(Supervisor) (Principal/Deputy Principal)

Faculty Decision:

□ Appeal accepted without penalty      □ Student to receive an estimate
□ Extension granted until ......................  □ Student to complete a substitute task
□ Alternate time to complete and submit task
□ Appeal rejected for ..........................................................

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

OFFICE USE ONLY

Notice to Student:

Copy to Supervisor:

□ Faxed
□ Emailed
□ Posted

Signed: .......................................................... Date: ..............................................