CAMDEN HAVEN HIGH SCHOOL

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 case. This form should be handed to the Head Teacher of the subject immediately after missing the task, or where possible, before the task is due.

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

(Parent/Carer) (Student)

(Please attach a medical certificate if applicable)

Head Teacher’s Recommendation/Comment:

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 ...........................................................

Notice to Student:

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: ...................................