

APPENDIX A

HSC ASSESSMENT: ILLNESS/MISADVENTURE APPLICATION

This form must be completed then taken to the relevant Deputy Principal **within two days of returning to school.**

SURNAME:

GIVEN NAME:

YEAR:

DATE OF APPEAL:

Please indicate the subject/s for which this appeal is being lodged.

Subject	Date of Task	Nature of Task	Teacher

NATURE OF APPEAL (Illness or Misadventure):

Add additional pages and documents to provide sufficient details to support your case for consideration to sit for the task or substitute task or to gain an extension of time.

SUBSTANTIATING EVIDENCE ATTACHED (attached letter or documents): YES NO

SIGNED:
(student)

DATE:/...../.....

SIGNED:
(parent)

DATE:/...../.....

HEAD TEACHER'S COMMENT:

.....

Rescheduled task date:/...../.....

SIGNED:

DATE:/...../.....

DEPUTY PRINCIPAL:

.....

FORM RETURNED TO DP : Form received:/...../.....

BY:

APPEAL PANEL'S DECISION: UPHELD

NOT UPHELD

DATE:/...../.....

Extension given

M/R

.....

SIGNED: DP

HT

HT