

Student Appeal/ Request Form

Student's Name: _____ Year: _____

Subject: _____ Class Teacher Name: _____

Task: _____ Due Date: ____/____/____

Category:

- Appeal due to illness, absence or misadventure
- Appeal in relation to the final assessment and/or course rank
- Request for extension of time

Reason for Appeal/ Request:

- Illness/ injury
- Bereavement
- Misadventure
- Work placement
- School representation
- Excursion
- Approved leave
- Other (specify)

State details to support your case or attach statement

Medical Certificate is attached: Yes No

Additional information attached: Yes No

I declare that the information I have provided is true and accurate

If I am completing an assessment task before the scheduled date I will not discuss or divulge any information relating to the assessment task prior to the scheduled time and date

If I am completing the assessment task after the scheduled date, I will not seek to gain information from other students.

_____/____/____
Signature of student Date

_____/____/____
Signature of Parent/ Caregiver Date

Head Teacher Recommendation:

- Complete a substitute task
- Estimate to be given
- No marks to be awarded
- Sit or submit the task without penalty
- Task to be submitted with penalty
- Extension granted

Reason for decision:

New Due Date: ____/____/____

_____/____/____
Signature of Head Teacher Date

_____/____/____
Signature of Principal Date

- Parent contact
- Copies to student file and parent
- Recorded on Sentral and NESAs Schools Online