



ILLNESS / MISADVENTURE APPEAL

Must be submitted within one week of task.

Name:		Date:
Year:	Subject:	Teacher:
Assessment Task:		
Date of Task:		Task Notification Date:
Contact made with School on day of task (School use only)		Yes / No

Student or Parent Statement Please tick the appropriate option

- I was unable to do the assessment task on the scheduled date due to illness/misadventure.
- I did not submit the assessment task on the scheduled date due to illness/misadventure.
- I believe my performance in the assessment task was impacted due to illness/misadventure.

I have attached supporting evidence (Medical Certificate, Explanatory Letter) to this sheet.

For a hand-in task my Parent/Carer have also filled in and signed the Parent/Carer declaration on the back of this sheet.

Student Signature:

Class Teacher/Head Teacher Comments

Class Teacher Signature:	Head Teacher Signature:

Action to be taken (ASSESSMENT COMMITTEE USE ONLY)

<input type="checkbox"/> Work to be accepted as is.	
<input type="checkbox"/> Estimate based on other work.	
<input type="checkbox"/> Alternative task to be completed.	
<input type="checkbox"/> Sit task for practice/outcomes.	
<input type="checkbox"/> Mark to be considered in light of other tasks.	
<input type="checkbox"/> Non-attempt to be recorded.	
<input type="checkbox"/> Zero marks to be recorded.	
<input type="checkbox"/> Extension of time until _____	
<input type="checkbox"/> Other _____	

You will be notified by your class teacher as soon as possible of the outcome of this appeal.
If you have any questions, please feel free to discuss your concerns with the Head Teacher.



Parent / Carer Declaration

I (full name)

of (address)

.....

.....

..... (Phone)

declare that no further work was completed on the following assessment task after 9.00 a.m. on the due date.

I have also attached a medical certificate OR explanatory letter to the Illness/Misadventure appeal over the page and can confirm that the school was contacted on the day of the task to notify of the absence.

(Student to fill out details fully below).

Student Name	
Year	
Details of Task	
Subject	
Due Date	
Date Submitted	

I acknowledge that this declaration is true and correct.

Parent / Carer Name:

Parent / Carer Signature:

Date: / /