

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