



**CAMDEN
HAVEN**
HIGH SCHOOL

Integrating Face-to-Face & Distance Learning

Valley View Road, Laurieton NSW 2443
Face to Face T: 02 6556 8100 F: 02 6556 8105
Distance Education T: 02 6556 8200 F: 02 6556 8205

DISTANCE EDUCATION ACCIDENT, ILLNESS 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 appeal.

.....
.....

Signed:
(Parent/Carer)

Signed:
(Student)

Medical Certificate attached: Yes No

Supervisor's Recommendation: Yes No

Reason.....
.....

Signed:
(Supervisor)

Signed:
(Principal/Deputy Principal)

Faculty Decision:

- | | |
|---|--|
| <input type="checkbox"/> Appeal accepted without penalty | <input type="checkbox"/> Student to receive an estimate |
| <input type="checkbox"/> Extension granted until | <input type="checkbox"/> Student to complete a substitute task |
| <input type="checkbox"/> Alternate time to complete and submit task | |
| <input type="checkbox"/> Appeal rejected for | |

CHHS Head Teacher: Date:

Notice to Student:

Student Name: Year:

In regards to your "Illness, Accident and Misadventure Appeal" for

We have considered the details of your appeal and the faculty decision is:

- | | |
|---|--|
| <input type="checkbox"/> Appeal accepted without penalty | <input type="checkbox"/> Student to receive an estimate |
| <input type="checkbox"/> Extension granted until | <input type="checkbox"/> Student to complete a substitute task |
| <input type="checkbox"/> Alternate time to complete and submit task | |
| <input type="checkbox"/> Appeal rejected for | |

CHHS Head Teacher: Date: