



Illness, Accident and Misadventure Appeal

Student name: _____ Year: _____

Subject: _____ Task No: _____

Due date: _____ Appeal submission date: _____

Please give reasons and details to support your appeal of illness, accident, or misadventure

Student's Signature: _____ Date: _____

Parent/Carer's Signature: _____ Date: _____

Medical certificate attached: Yes No

Supervisor's recommendation: Supports appeal Does not support appeal

Reason: _____

Supervisor's Signature: _____ Principal/Deputy Signature: _____

Faculty decision:

- Appeal accepted without penalty Student to receive an estimate
 Extension granted until: _____ Student to complete a substitute task
 Alternate time to complete and submit task
 Appeal rejected for: _____

Head Teacher: _____ Signed: _____

OFFICE USE ONLY

Notice to student:

Copy to supervisor: Faxed Emailed Posted

Signed: _____ Date: _____