



CAMDEN HAVEN HIGH SCHOOL

HSC COURSE

Illness, Accident 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.

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.....

Signed:.....
(Parent/Carer)

Signed:.....
(Student)

Medical Certificate attached: Yes No

Teacher's Recommendation: Yes No

Reason.....
.....

Faculty Decision:

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

Head Teacher: Date:

Notice to Student:

Student Name: Year:

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

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

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

Head Teacher: Date: