



CAMDEN HAVEN HIGH SCHOOL
PRELIMINARY 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.

.....

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

Signed:.....
 (Student)

Medical Certificate attached: Yes No

Teacher's Recommendation: Yes No

Reason.....

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"/> Students to complete a substitute task |
| <input type="checkbox"/> Alternate time to complete and submit task | |
| <input type="checkbox"/> Appeal rejected for | |

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:

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

Head Teacher: Date: