



CAMDEN HAVEN HIGH SCHOOL

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 case. This form should be handed to the Head Teacher of the subject immediately after missing the task, or where possible, before the task is due.

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Signed:.....

(Parent/Caregiver)

(Please attach a medical certificate if applicable)

Signed:.....

(Student)

Head Teacher's Recommendation/Comment:

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.....

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

Notice to Student:

Student Name: Year:

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

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: