Student Appeal / Misadventure

This form is to be completed by a student who is unable to attend/submit an assessment task on the due date. Procedures in this assessment booklet must be followed in order for any consideration to be extended with regards to the task.

1. Complete and present this form to the appropriate Head Teacher. (This should be done prior to the due date where applicable or on the first day of your return to school.)
2. If approval is granted, this form together with any other relevant documents such as a doctor’s certificate with a valid medical reason must be attached to the assessment task on submission.

Failure to submit this form promptly may adversely affect the result of your request. It should not be assumed that an application using this form will be successful, as the reasons advanced will be assessed on their merits.

Student’s Name: ............................................. Home Phone: ..........................................
Year/Course/Class: ............................................. Teacher: .............................................
Assessment Task Missed: ........................................ Due Date: .............................................

Student Statement in Support of the Appeal / Misadventure

You need to detail your reasons for the appeal. You may provide evidence to the contrary that supports your appeal. Supporting evidence attached □ YES □ NO Type: .............................................

My appeal is based on the following grounds:

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Student’s Signature: ............................................. Parent’s Signature: .............................................

Recommendations / Action:

Recommendations / Action:

Recommendations / Action:

Recommendations / Action:

Recommendations / Action:

Endorsement

Class Teacher: □ YES □ NO Signature: .......................... Date: ..........................
Head Teacher: □ YES □ NO Signature: .......................... Date: ..........................

New Submission Date: .......................... (if granted)

Copy to: □ Head Teacher; □ HT Welfare, □ Student File, □ Student Copy □ Noted SENTRAL