



Assessment Appeal Application

Student Name: _____

Year: 7 8 9 10 Prelim. HSC

Course Name: _____ Teacher: _____

PART A – to be lodged with Head Teacher within 5 days of receiving result of Illness/ Misadventure application or task result or report

Nature of Appeal	Illness/Misadventure	Assessment Task	Report
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Reason/s for appeal: _____

(Please attach separate sheet if required)

Head Teacher review: _____

Decision: _____

Head Teacher: _____ (Signature) _____ (Date) _____

Student acknowledgement of Head Teacher decision

<input type="checkbox"/>	Accept decision	OR	forward to Appeals Committee	<input type="checkbox"/>
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Name: _____ (Signature) _____ (Date) _____

Parent: _____ (Signature) _____ (Date) _____

PART B – Referral of Appeal to Assessment Appeals Committee
Referral to the Assessment Appeals Committee should occur within 2 school days of receiving Head Teacher Appeal decision. (Part A must be included together with all relevant material)

THE FORM CONTINUES ONTO THE NEXT PAGE

