

## ILLNESS/MISADVENTURE APPEAL

**Form to be completed and submitted to Head Teacher Teaching and Learning  
with completed Documents**

Student: \_\_\_\_\_ Year: \_\_\_\_\_

Subject: \_\_\_\_\_

Illness      or       Misadventure

**Appeal Details**

Assessment Task/Examination	Date Due	Impact on Assessment Task/Examination

**Supporting documents attached (Please tick):**

- Medical certificate (from your Doctor/General Practitioner)
- Exam Supervisor's statement (if applicable)
- Other (e.g. Statutory Declaration) please specify:

\_\_\_\_\_

\_\_\_\_\_

**Student appeal (Please tick):**

- I have read and understood the assessment policy
- I consider that my assessment task performance was affected by illness or unforeseen misadventure.
- I declare that all information I have provided is true.

**Student/Parent**

Contact the school by phone or in person

Complete the following information:-

Date of Contact: \_\_\_\_\_

Person Spoken to: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

**Panel Decision (Deputy Principal, Head Teacher Teaching & Learning, Executive Member)**

Decision: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sign off**

Head Teacher of Relevant Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Principal/Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**EXAM SUPERVISOR SUPPORTING STATEMENT**

Please record your observations or understanding of the illness/ misadventure suffered by the student.

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I consider that the student's assessment task performance was affected by illness of unforeseen misadventure.

I declare that all the information I have provided is true.

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_