

## **Student Appeal Form – Illness/Misadventure**

## Please submit to Course Head Teacher

Student First Name	Student Family Name				
NESA Number	Connect Class	Year 11	or Ye	ar 12 (please circle)	
Course	Teacher				
Task					
Task Issue Date /	/ Task / Exam Due Date	/ /			
Type of Task					
☐ Assessment Task	$\square$ Examination (during Exam period)	☐ Presenta	tion/Pe	rformance	
☐ Work Placement	☐ Other				
This Appeal Form is to ex	<u>cplain</u>				
☐ Illness – <u>MUST</u> be acco	ompanied by a Medical Certificate issued by a doted.	octor or pharma	cist on	the day of the task.	
☐ Misadventure	☐ Other				
Reason for Appeal					
☐ Absent from Assessme	ent Task, or absent when the Assessment Task w	as due because	of illne	ess or exceptional circu	umstance
☐ Special consideration day of the Assessment Ta	due to illness, misadventure or exceptional circusk	ımstances leadi	ng up to	o an Assessment Task	or on the
-	f appeal application (completed by student)				
Attached Supporting Doo	cumentation				
☐ Medical Certificate fro	om Dr	Dated	/	/	
☐ Supporting Letter (e.g	. from Parent/Carer etc.)				
☐ Other (please specify)					
Student Signature		Date	/	/	
Parent / Carer Signature		Date	/	/	
Upheld Denied	(please circle) Principal Signature			Date:	
Outcome: (communicate	ed by the Faculty Head Teacher)				
Head Teacher Signature		Date	/	/	
Entered on Sentral (Data	Record > Illness/Misadventure Tracking)	□ Head	Teache	r	

Scan and place in Green Folder for HSC / Preliminary Monitoring and records