



Canterbury Girls High School Illness/Misadventure Appeal

To be completed by a student who is unable to attend/submit an assessment task on due date or who believes their performance in the task has been adversely affected due to illness or misadventure. **This form must be obtained from the relevant Head Teacher on the morning of the first day back at school after the missed task, or on the day of the task if the student was present but their performance affected.** The appeal is to be completed and signed by parents / caregivers that night, and returned to the Head Teacher the following day.

Name: Year:

Subject/course:

Head Teacher: Teacher:

Assessment Title:

Date of Notification: Due Date:

Date appeal submitted:

Either (tick option): ☐ Task missed/not submitted ☐ Task sat for

Seeking special consideration because of: ☐ Illness ☐ Misadventure

Details of appeal:

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.....

(Attach all necessary medical and other certificates and letter from parent/caregiver)

Student Name: Signature:

Date:

Parent/Caregiver Name: Signature:

Date:

Head Teacher Recommendation:

Head Teacher Name: Signature:

HT to present appeal to Deputy Principal

School Response:

Deputy Principal Name: Signature: