



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 submitted to the Deputy Principal the first day back at school immediately after the assessment task. If the Deputy Principal is absent this must be submitted to the Head Teacher.**

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:
Principal Name: Signature:

DP consults P; DP gives copy to HT; HT informs teacher and student of school response; DP enters in Sentral: DP gives original to SAM for student file and a copy to be mailed to Parent/caregiver