



### Illness/Misadventure Appeal Form

This form must be submitted on or, if the student knows in advance, before the day the task is due to be completed or submitted. **In the case of absence, it must be submitted within 24 hours of return to school.** If the absence is longer, the school must be contacted within three days.

STUDENT: \_\_\_\_\_ YEAR: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CLASS TEACHER: \_\_\_\_\_

NATURE OF TASK: \_\_\_\_\_ DUE DATE: \_\_\_\_\_

**TASK CIRCUMSTANCE:** Indicate one of the following:

- Absent on day of /due date for assessment task
- Present at school on day of the assessment task but task is completed on a later date
- Present at school on the due date for assessment task but the task is submitted late
- Task is submitted on the due date but is incomplete
- Task is, or is to be completed /submitted under extraordinary circumstances, eg illness or injury

**REASON(S) FOR THE APPEAL:**

---



---



---

**SUPPORTING EVIDENCE**

- The following is attached \_\_\_\_\_
- No evidence is attached

**CONSIDERATION REQUESTED:** Indicate one of the following;

- Extension granted until \_\_\_\_\_ (submission/completion date)
- Substitute task
- Special Provisions \_\_\_\_\_
- Estimate. NOTE: This would only be possible if there is another task which measures similar outcomes and is conducted under the same conditions.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
PARENT'S SIGNATURE

\*\*\*\*\*

**Once completed this form must be submitted to the class teacher or relevant Head Teacher**

**Illness/Misadventure Appeal Form  
SCHOOL USE ONLY**

Illness/Misadventure Form received by \_\_\_\_\_ Date: \_\_\_\_\_

**CLASS TEACHER RECOMMENDATION:**

✓ **Support the appeal with:**

- Extension granted until \_\_\_\_\_ (submission/completion date)
- Substitute task
- Estimate. NOTE: This would only be possible if there is another task which measures similar outcomes and is conducted under the same conditions
- Other (Years 5-9)

✓ **Reject the appeal for the following reasons:** \_\_\_\_\_

**HEAD TEACHER**

- Accept the recommendation of the class teacher
- Reject the recommendation of the class teacher

Other: \_\_\_\_\_

Signature of Assistant Principal/Head Teacher: \_\_\_\_\_

**RESULT**

- Student accepts Illness/Misadventure outcome.  
*Illness/ Misadventure Appeal Form is to be retained on faculty file*

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

- Student has requested an appeal review.  
*Illness/Misadventure Appeal Form is to be forwarded to Head Teacher Administration, who will convene the Appeal Panel*

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

\*\*\*\*\*

**ILLNESS/MISADVENTURE DECISION**  
*To be detached and returned to student*

**STUDENT:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUBJECT:** \_\_\_\_\_ **CLASS TEACHER:** \_\_\_\_\_

**NATURE OF TASK:** \_\_\_\_\_

**DECISION:** \_\_\_\_\_

Class Teacher/Head Teacher \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_