

HOMEBUSH BOYS HIGH SCHOOL

ILLNESS/MISADVENTURE APPEAL

This form is to be completed by the student who is unable to attend an assessment task

The completed form must be submitted to the Head Teacher immediately on your return to school after the due date of the assessment.

If the Head Teacher is absent, this form must be submitted to the Deputy Principal.

Name:			Year:			
Subject / Course:						
Assessment Task No:		Weighting:		Assessment Date Due:		
Head Teacher:			Te	Teacher:		
Date Appeal Submitted	:					
Tick Option:		Task missed		Task attempted / completed		
Seeking special conside	ration	n because of:				
		Illness		Misadventure		
Details of Appeal:						
☐ Attach all	nece	ssary medical and other c	ertificates an	d refer to the HBHS Assessment Policy		
Student Signature:				Date:		
				Date:		
OFFICE USE ONLY						
Date Appeal submitted	:					
		Approved		Declined		
Outcome of Appeal:						
Head Teacher Signature	e: Deputy Principal Signature:					
☐ Head Teacher disc ☐ Head Teacher to s ☐ School Administra ☐ Deputy Principal t	cusses sign of ation (co sign	Officer to enter details on SI outcome letter and then to	a determinati Appeal and g ENTRAL and g o be mailed to			