

Assessment Task/ Examination Appeal Form



MOUNT ANNAN HIGH SCHOOL

248 WELLING DRIVE MOUNT ANNAN 2567

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ASSESSMENT TASK /EXAMINATION APPEAL

Student name: _____ Grade: _____ Date of appeal: __/__/____

TYPE OF APPEAL:

- SCHOOL APPROVED ACTIVITY ILLNESS / ACCIDENT
 MALPRACTICE MISADVENTURE

TYPE OF TASK:

- SUBMITTED IN-CLASS EXAMINATION

Reason for Appeal:

Student signature: _____

Parent signature: _____

Subject	Task/ Examination	Teacher	Date Issued	Date Due

✓ EVIDENCE PROVIDED:

- medical certificate statutory declaration
 other (please specify) _____

NB: All documentation in support of your appeal must be attached.

PRINCIPAL OR DELEGATED OFFICER ONLY

Appeals form submitted to: _____ (Deputy Principal)

The appeal **IS / IS NOT** approved _____ (Head Teacher)

Comments:

Signed (Principal/ Delegate):

Date: __/__/____