



MOUNT ANNAN HIGH SCHOOL
Junior (Year 7-9), ROSA (Year 10), Preliminary HSC (Year 11) and HSC (Year 12)
Appeals Form (Appeal of the Misadventure Decision – Form 2)

Student Name:		Date of Appeal Submitted:	
Year/Course:		Head Teacher Signature:	

If the student wishes to appeal, they must:

- Submit this Appeal Form within 7 school days of an Illness/Misadventure and Extension Application being declined.
- Attach additional supporting evidence to this appeal.

SECTION A - Additional Evidence Supporting the Appeal

Please list evidence you have attached to this appeal including your initial Misadventure Form decision. You can include further information here to support this review.

Student Signature

Parent/Guardian Signature

SECTION B – Completed by the Deputy Principal

Date the Appeals Application is received: _____

Comments: Please include circumstances relevant to this appeal.

Deputy Principal Signature: _____

Date: _____

SECTION C – Completed by the Appeal Committee

Date the Appeals Application is received by the Committee: _____

Comments: Including consultation with Head Teacher and Class Teacher, where applicable.

Outcome (circle the outcome applicable):

Outcome communicated to Student:

Decline

OR

Upheld

YES

NO

Student Signature

Date Received