

STUDENT APPEAL FORM Illness/Misadventure

FAMILY NAME LLL	
GIVEN NAME	
NESA STUDENT NUMBER CONNECT YEAR 11 OR 12	
SubjectPrelim	M/HSC TEACHER
Task	
TASK ISSUE DATE EXAM OR TASK DUE DATE	
Type of Task Assessment Task Examination (during Examination Period) Presentation/Performance Work Placement Other	THIS FORM IS TO EXPLAIN Illness Must be accompanied by a medical certificate Misadventure Other
REASON FOR APPEAL: Absent from assessment task, or absent when an ascircumstance) Special consideration (due to illness/misadventure or on the day of an assessment task)	essessment task was due (due to illness or exceptional e/exceptional circumstances leading up to an assessment task,
REASONS SUPPORTING APPLICATION (to be completed by the	student):
ATTACH SUPPORT	PING DOCUMENTATION
I have attached (please tick and complete relevant information)	
☐ Medical Certificate from Dr	2000 Million 200 P 17
☐ Supporting letter from my parent/carer	
□ Other (please describe)	
Signature Student:	Date:
Signature Parent/Caregiver:	Date:
SUBMIT COMPLETED F	FORM TO HEAD TEACHER
Action/Recommendation from KLA Head Teacher:	Date received from student:
	
Head Teacher Signature and Date Upheld Denied	Principal's Signature and Date