

## **Student Appeal Form – Illness/Misadventure**

## **Please submit to Course Head Teacher**

Student First N	ame			Student Fam	nily Nam	e				
NESA Number			Connect	t Class			Year 1	1 or	Year 12	(please circle)
Course				Teacher						
Task										
Task Issue Date	· /	/	Tasl	k / Exam Due	Date	/	/			
Type of Task										
☐ Assessment	Task	☐ Ex	kamination (d	uring Exam p	eriod)		☐ Presen	tation	/Perforn	nance
☐ Work Placer	nent	□ Ot	ther							
This Appeal Fo	m is to ex	<u>plain</u>	☐ Illness – <u>N</u>	<u>/IUST</u> be acco	mpanied	d by a N	Medical Ce	rtificat	e	
☐ Misadventu	re		☐ Other							
Reason for App	<u>eal</u>									
☐ Absent from circumstance	Assessme	ent Task, o	or absent whe	en the Assessi	ment Ta:	sk was	due becau	se of i	llness or	exceptional
☐ Special cons				nture or exce	ptional o	circums	tances lea	ding u	p to an A	Assessment
Explanation in	support of	Appeal a	application (co	ompleted by	student)					
Attached Supp										
☐ Medical Certificate from Dr							Dated	/		/
☐ Supporting	_etter (e.g.	from Par	ent/Carer etc	:.)						
☐ Other (pleas	se specify)									
Student Signature							Date	/	,	/
Parent/Carer Signature						Date	/	,	/	
Recommendat	ion of KLA	Head Tea	acher							
Head Teacher S	Signature						D <b>ate</b>	/	/	
Upheld	Denied	(please circ	cle)							
Entered by -	☐ Head Teacher Teaching & Learning									
	☐ Class Teacher - in Sentral (Wellbeing/Data Record/Illness Misadventure Tracking)									

Place in Class Teacher Green Folder for HSC / Preliminary Monitoring and records