



ASSESSMENT TASK APPEAL FORM

FORM A – ILLNESS/MISADVENTURE FORM

Used to justify the inability of a student to submit or complete an assessment task due to illness or misadventure either prior to or **on the day** of the scheduled assessment task. Must be completed **on first day of return to school** if not earlier.

Part A (to be completed by the student)

Student Name: Year: Date of appeal:

Task No.	Task Name	Faculty/Course	Teacher	Date issued	Date due	Weighting

Nature of task: (please circle)

- Written Task Examination/In-class Task Listening Task Major Work Performance
 Portfolio Practical Task Speaking Task Viewing Task Other:

Part B (to be completed by the student)

Reason/s for this application:

.....
.....
.....

Evidence provided to support this application:

- Medical certificate (Stage 6: Glenwood High School Medical Certificate. Stage 5: doctor's medical certificate).
- Statutory Declaration
- Other (please specify):

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

Student signature: Parent/caregiver signature:

Part C (OFFICIAL USE ONLY: to be completed by the relevant Deputy Principal)

Original task attempted/submitted: Yes No N/A If yes, date submitted/attempted:

Application outcome: Accepted Declined

Task extension (CRT/HT negotiated) Task rescheduled Substitute task to be completed Maintenance of rank

Comments:

.....
.....

Deputy Principal signature: Date: