



## ST CLARE'S HIGH SCHOOL

### ILLNESS/MISADVENTURE APPEAL

<b>Name</b>		<b>Date</b>
<b>Year/Course</b>	<b>Teacher</b>	
<b>Assessment Task</b>		
<b>Date of Task (including Examinations)/Due</b>	<b>Task Notification Date</b>	
<b>Date task was completed/submitted</b>	<b>Contact made with School on day of task</b>	<b>Y/N</b>
<b>Date this form was collected:</b> (NB this form must be submitted within one week)		

**Student or Parent Statement** I did not complete/submit the Assessment Task indicated above on the due date for the following reasons. I have attached supporting evidence (Medical Certificate or Statuary Declaration) to this sheet.

Further Explanation Overleaf	
<b>Student Signature</b>	<b>Parent Signature</b>

**Class Teacher/Studies Coordinator Comments**

<b>Class Teacher Signature</b>	<b>Studies Coordinator Signature</b>

**Action to be taken (ASSESSMENT COMMITTEE)**

<input type="checkbox"/> Work to be accepted as is.	
<input type="checkbox"/> Estimate based on other work.	
<input type="checkbox"/> Mark to be considered in light of other tasks	
<input type="checkbox"/> Non-attempt to be recorded.	
<input type="checkbox"/> Zero marks to be recorded.	
<input type="checkbox"/> Other	

**Assistant Principal Learning & Teaching:** \_\_\_\_\_

You will be notified by your class teacher as soon as possible of the outcome of this appeal. If you have any questions, please feel free to discuss your concerns with the Studies Coordinator.

