



Hunter River High School Illness / Misadventure Appeal Application

To be completed and handed in to the Head Teacher prior to the Assessment Task, or **within two days of return** to school.

Section A: To be completed by the student.			
STUDENT NAME:		YEAR:	
SUBJECT/S:			
Date of Assessment Task	Assessment Task/s affected	Details of effect on performance, <i>if relevant</i>	Attendance Can/did you attend? YES/NO

Section B:
Reason for failure to meet requirements by/on due date (attach any additional evidence to support this application): _____ _____ _____
Evidence of illness or medical condition , where relevant: For appeals based on illness or other medical condition, this section will normally be completed by a doctor or other health professional. <i>However, this person may be a parent or care giver.</i> The school and NESA advises that students <i>should attend Assessment Tasks unless it is considered that it would be detrimental to their health.</i>
Diagnosis / medical condition:
Date of onset of illness or condition:
Dates and time(s) of all consultations / meetings relating to this illness / condition: Please attach medical certificate/s, where available.
Please describe how the student's condition / symptoms could impede their performance in the Assessment Task. <i>(If the student was unable to attend an examination, it is imperative that you provide full detail in the space provided or on additional sheets and attach them to this application.)</i>
Any other comments which you feel will assist in the assessment of the student's application. <i>(If there is not enough space please provide additional sheet/s)</i>

Section C: Student Appeal

I have carefully read the information sheet detailing Assessment Task Illness / Misadventure Appeals and the instructions at the front of this form, and have completed each item on the checklist.

I consider that my Assessment Task performance was affected by illness or unforeseen misadventure which occurred immediately before or during the Assessment Task, as set out above and in Section A of this form.

In exceptional circumstances only, I request HRHS to use a moderated assessment mark, based on my other school assessments, where that mark exceeds my Assessment Task mark for the course/s in which I have appealed. **Where an absence is known in advance, I understand I will need to complete the task prior to the date. I will engage with the Code of Conduct required of me in this instance.**

I declare that all the information I have supplied is true.

Student signature:

Date:

Parent/caregiver signature:

Date:

Name of person lodging appeal *if not the student:*

Reason not lodged by student:

Signature:

Telephone:

Section D: Class Teacher Comment (comment / recommendations in relation to this appeal):

Name (please print):

Signature:

Date: ____ / ____ / ____

Section E: Head Teacher Comment (comment / recommendations in relation to this appeal):

Name (please print):

Signature:

Date: ____ / ____ / ____

Section F: Result / outcome

**Copy to be provided to - student /parent/HT
Information to be entered into Sentral Data Record by Admin - Date entered: / / Initials:**

Panel member name:

Signature:

Date:

Panel member name:

Signature:

Date:

Panel member name:

Signature:

Date: