# Assessment Task Appeal Form

## Preliminary

| Name: ___________________________ | Roll Class: _____ | Course: ___________________________ |
| Assessment Task: __________________ | Date of Task: __________________ |

**Reason for application (please tick):**
- [ ] Absent 2 days before an Assessment Task
- [ ] Absent from or late to class 2 days before an Assessment Task
- [ ] Other School Commitment on the day of an Assessment Task
- [ ] Extension (due to illness or exceptional circumstances)
- [ ] Absent from Assessment Task, or absent when an Assessment Task is due (due to illness or exceptional circumstances)
- [ ] Special Consideration (due to Illness/Misadventure/Exceptional Circumstances leading up to an Assessment Task, or on the day of an Assessment Task).

**Reasons supporting application (to be completed by the student):**

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**I have attached (please tick and complete relevant information):**
- [ ] Medical Certificate from Dr. : ___________________________ Dated : ________________
- [ ] Supporting letter from my parent/caregiver
- [ ] Other (please describe) ___________________________

| Student Signature: ___________________________ | Date: ________________ |
| Parent Signature: ___________________________ | Date: ________________ |

**Deputy Principal’s recommendation:**
- [ ] Upheld
- [ ] Declined

___________________________________________________________________________________
___________________________________________________________________________________

Signature of Deputy Principal: ___________________________ Date: ________________

**Copies to:**
- Deputy Principal
- Head Teacher: ___________________________
- Class/Teacher: ___________________________
- Office File
- Student