



Warners Bay High School

ILLNESS – MISADVENTURE APPEAL

Year 10 / Year 11 / Year 12 (Circle one)

SUBMIT THIS FORM TO THE DEPUTY PRINCIPAL WITHIN 5 DAYS OF THE MISADVENTURE

PART A: STUDENT / COURSE DETAILS

Student Name: _____ Class Teacher: _____

Course: _____

Assessment Task: _____ Due Date: _____

PART B: REASON FOR ILLNESS - MISADVENTURE

Illness/injury Misadventure Bereavement

Reasons for failure to meet requirement: (Please outline your reasons)

PART C: DOCUMENTATION (Please attach evidence)

- Medical Certificate
 Statutory Declaration
 Other Documentation

Student Signature: _____ Parent/Carer Signature: _____

Date: _____

PART D: HEAD TEACHER RECOMMENDATION

Date received: _____ Consultation with Class Teacher: YES NO

Zero Alternative Task – Date: _____

Estimate Same Task – Date: _____

Head Teacher Signature: _____ Date: _____

PART E: APPEAL PANEL (to be completed by the Appeal Panel if required)

Appeal upheld Appeal dismissed

Comment:

Deputy Principal Signature: _____ Date: _____