



## ILLNESS/MISADVENTURE APPEAL FORM

### PART A: STUDENT SECTION *(To be returned to the Deputy Principal)*

Student Name: \_\_\_\_\_ Subject: \_\_\_\_\_ Year: \_\_\_\_\_ Date: \_\_\_\_\_

Class Teacher: \_\_\_\_\_ Task Title: \_\_\_\_\_ Due Date: \_\_\_\_\_

**Reason for failure to meet requirements:** (Please outline your reasons)

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### Supporting Documentation *(E.g. Medical Certificate, Statutory Declaration, other)*

- ☐ The following is attached: \_\_\_\_\_
- ☐ No evidence is attached

Student Signature: \_\_\_\_\_ Parent/Carer Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Please submit this form to the Deputy Principal within 3 days of the Illness/Misadventure**

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### PART B: DEPUTY PRINCIPAL DECISION *(To be detached and returned to the student)*

Based on the above recommendation;

- ☐ I uphold the appeal
- ☐ I dismiss the appeal

**Notes:**

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Deputy Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART C: PANEL DECISION *(If student has appealed the original decision)*

Student Name: \_\_\_\_\_ Subject: \_\_\_\_\_ Year: \_\_\_\_\_ Date: \_\_\_\_\_

Class Teacher: \_\_\_\_\_ Task Title: \_\_\_\_\_ Due Date: \_\_\_\_\_

**Decision:**

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Signature of Panel Member: \_\_\_\_\_ Date: \_\_\_\_\_