

<u>Tempe High School Illness / Misadventure / Appeal Form</u>



Student Name:	Subject:
Assessment Task:	Task Due Date:
Task Description: Hand in or exam (circle one)	Weighting: %

ILLNESS or MISADVENTURE or APPEAL (CIRCLE ONE statement below)

- Events affecting performance before the assessment
- Events causing the student to miss the assessment

1. Student response:

• Events affecting performance on the day of assessment at school

-	What happened	-			

Student signature:	Date:	
Parent/Carer signature:	Date:	
2. Medical certificate attached:	YES NO (circle	one)
Medical certificate attached:	support person who has detailed knowledge	·
Medical certificate attached: 3. Supporting Evidence: to be completed by a e.g., parent/carer, teacher, police officer, counsel	support person who has detailed knowledge or, year advisor	·

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To my knowledge, I verify that the student's response on page 1 is correct:

YES NO					
Please add any further details that may support this student's application which has not already been mentioned by the student.					
Are there any other factors that may have affected the student's performance? Explain.					
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An outcome on your situation will be decided by the Assessment Review Panel and the deputy will contact you by email.					
Once you have completed the form, please email it to your deputy principal and they will acknowledge you with an email reply.	ır submission				
Deputies:					
Ms Fountoulis: ms.fontis@det.nsw.edu.au					
Ms Bourke: sheree.bourke@det.nsw.edu.au					
Ms Taoube: wafa.taoube@det.nsw.edu.au					