

## **Illness/ Misadventure/Appeal Form**

Email to the Deputy Principal 1 week from the original due date.

Student Details and Course		
Student name:		
Parent/Carer signature:		
Class/ Year group:		
Original date of task:		
Name of task:		
Task weighting:		
Course/Subject:		
Class Teacher Information		
Name of class teacher:		
Faculty:		
Head Teacher signature:		
Head Teacher signature:  Request and evidence		
	Misadventure	Appeal
Request and evidence	☐ Misadventure	☐ Appeal
Request and evidence	☐ Misadventure	☐ Appeal
Request and evidence	Misadventure	☐ Appeal
Request and evidence	Misadventure	Appeal
Request and evidence	Misadventure	Appeal
Request and evidence	Misadventure	Appeal

Please send this form to your Deputy Principal - <a href="mailto:tempe-h.school@det.nsw.edu.au">tempe-h.school@det.nsw.edu.au</a>.



## **Illness/ Misadventure/Appeal Form**

Email to the Deputy Principal 1 week from the original due date.

	appened to impact your ability to submit/complete the assessment on/ by the due date?
Suppor	ting statement:
Suppor	ting person name:
Suppor	ting person signature:
	<b>By submitting/emailing this form to the deputy,</b> you agree that all the information contained in this form is accurate and true. If any dishonesty is found in this application, it may be declined, and the student may receive a zero.
	<b>Students can appeal to the school principal via email,</b> but this must be done within one week of receiving the email with the outcome from the deputy.
	It is the student's responsibility to follow up with the head teacher if they miss an examination assessment. The head teacher can organise a time for the examination and/or extension while the outcome of the illness/misadventure/appeal is pending.
Studen	t signature:

Please send this form to your Deputy Principal - <a href="mailto:tempe-h.school@det.nsw.edu.au">tempe-h.school@det.nsw.edu.au</a>.