Stage 6
Appeal Due to Illness/Misadventure at the time of Assessment or Examination.

Full Name: __________________________ Year and Roll Class: ______
Date Form Submitted: __________________________

IMPORTANT
• Only list here the assessments and/or examinations you are appealing.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Teacher</th>
<th>Assessment/Examination</th>
<th>Original Date Due</th>
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STUDENT APPEAL
• I have carefully read the information on this form.
• I consider that my assessment or examination performance was affected by illness or misadventure which occurred immediately before or during the assessment/examination(s) as set out above.
• I declare that all the information I have supplied is true.

Student signature __________________________ Date ________________
Parent signature __________________________ Date ________________

If this appeal is lodged on behalf of a student, please print:
Name of person lodging appeal: __________________________
Reason the student is not lodging the appeal: __________________________
______________________________________________________________
______________________________________________________________
Signature: __________________________ Date: __________________________

Please complete the information required over the page and return form to Deputy Principal.
Kellyville High School advises that students should attend examinations and hand in assessment tasks on the due date, unless it is considered detrimental to their health. Students who are unwell or experience misadventure are advised to seek independent medical advice immediately.

### Appeal due to illness

Independent evidence of illness: to be completed by medical practitioner OR Doctor’s Certificate attached

**Diagnosis of medical condition:** ____________________________________________

**Date of onset of illness:** ________________________________________________

**Date(s) and time(s) of all consultations/ meetings relating to this illness:**

________________________________________________________________________

Please describe how the student’s condition/ symptoms could affect their examination performance/ or assessment.

________________________________________________________________________

Any other comments or information which may assist in the assessment of the student’s appeal.

________________________________________________________________________

________________________________________________________________________

Please note that any fee for providing this report is the responsibility of the student.

**Name of doctor:** ______________________________________

**Profession:** _______________________

**Place of work/ organisation:** __________________________

**Address:** __________________________________________________________________

**Contact phone number:** _____________

**Signed:** __________________

**Date:** _______

### Appeal due to misadventure (funeral, car accident, witness to an accident etc)

Independent evidence of misadventure: to be completed by a relevant person such as a police officer or counsellor

**Date of misadventure event:** _________________________

**Were you a witness to the event?** Yes/ No

If No, how did you obtain the evidence you are providing? ____________________________

________________________________________________________________________

Are you known to the student? Yes/ No

If Yes, nature of relationship: _________________________

**Description of event:** _______________________________________________________

________________________________________________________________________

________________________________________________________________________

**Name:** ___________________________________

**Profession:** _______________________

**Place of work/ organisation:** __________________________

**Address:** __________________________________________

**Contact phone number:** _____________

**Signed:** __________________

**Date:** _______

RETURN THIS FORM TO THE DEPUTY PRINCIPAL
Stage 6
Appeal Due to Illness/Misadventure at the time of Assessment or Examination.

To be retained by the student

Full Name: _______________________________ Year and Roll Class: _______

To be completed by the Deputy Principal

Doctor’s Certificate received:  Yes/ No Date received: ____________________

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<th>Subject</th>
<th>Teacher</th>
<th>Assessment/Examination</th>
<th>Approved/Declined</th>
<th>Outcome</th>
<th>Estimate OR New Date</th>
<th>Other</th>
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Comment:
______________________________________________________________________________
______________________________________________________________________________

Deputy Principal’s signature: ______________________ Date: __________________

Outcome forwarded to:
Head Teacher ☐ Year Adviser ☐
Class Teacher ☐ Student ☐
Sentral Reference No Entered by ________________

You should keep this acknowledgement.