



Parramatta High School

A POSITIVE BEHAVIOUR FOR LEARNING SCHOOL



Principal: D M Splatt MA.BA

Tel: 9635 8644

website: www.parramatta-h.schools.nsw.edu.au

CRICOS Provider: NSW Department of Education & Training – schools.

Great Western Highway PARRAMATTA 2150

Fax: 9687 1139

Provider Code: 00588M

Illness/ Accident/Misadventure Appeal

Name: _____ Roll Call: _____ Course: _____

Assessment Task: _____ Due Date: _____

I notified my Class Teacher of my illness/misadventure on _____

☐ Prior knowledge of absence (due to a clash between an Assessment Task and another School Activity)

☐ Reason for application (please tick): ☐ illness or ☐ exceptional circumstances

Category (please tick):

☐ Late on the day of the Assessment Task

☐ Extension to submit or complete an Assessment Task

☐ Absent from school on the day of an Assessment Task or ☐ Absent on the day the Task is due to be handed in

☐ Absent on the day before an Assessment Task or ☐ Absent in the two weeks prior to a Major Examination

☐ Exceptional Circumstances adversely affected performance in an Assessment Task (*Note: In this case, the Appeal MUST be submitted on the first day back at school after the day of the Assessment Task*)

☐ Sick during the completion of an Assessment Task at school.

Reasons supporting application to be completed by the student (Explain in detail how you are disadvantaged in this task):

I have attached (please tick and complete relevant information):

☐ Medical Certificate from Dr. : _____ Dated : _____

☐ Supporting letter from my parent/caregiver

☐ Other (please describe) _____

Student's Signature: _____

Date: _____

Parent/ Care Giver Signature: _____

Date: _____

Misadventure form must be submitted within 5 working days from the date of the Assessment Task or a zero mark will apply

Administration use only

Section B (To be completed by the Class Teacher)

Number of days late: _____ Maximum mark for task: _____

Teacher's Comments:

Class Teacher Signature: _____ Date: _____

Section C (To be completed by the Head Teacher)

☐ Referred to Appeals Committee ☐ Final decision made by Head Teacher (Yr 7 to 9)

Head Teacher's Recommendations:

Head Teacher Signature: _____ Date: _____

Stage 5 (Year 10) / Preliminary / HSC Only

Section D (Decision by Appeals Committee)

Member's Present: _____

The decision of the panel is that the appeal is: ☐ UPHELD ☐ DECLINED

Appeal Committee Recommendations/Reasons:

Panel Conveyor Signed: _____ Date: _____

☐ Data entered on Sentral upon completion of this form by Faculty.