



MAITLAND HIGH SCHOOL

ILLNESS / MISADVENTURE APPEAL APPLICATION

**The completion of this form is the responsibility of the student.
It must be returned to the appropriate DP within 24 hours of return to school.**

Student: _____ Year: _____

Subject: _____ Course: _____ Units: _____

Assessment Task: _____

Due Date: _____ Date of Application: _____ Date Returned: _____

Reasons for failure to meet requirements by / on due date: _____

Medical Certificate / Statutory Declaration: Is attached / Is not attached / N/A *(cross out as necessary)*

Further supporting evidence: _____

Signed: _____ *(Caregiver)* _____ *(Student)*

Teacher's Recommendation: _____

Signed: _____ Date: _____

Head Teacher's Recommendation: _____

Signed: _____ Date: _____

This form must be forwarded to the Appeal Committee.

Appeals Committee Recommendation: _____

NESA Contact: _____ Date: _____

- Copies to:
- a) Classroom Teacher (Filed in compliance folder)
 - b) Faculty Head Teacher
 - c) Principal / Deputy Principal (Placed in student files)
 - d) Head Teacher Senior Studies

Note: If this alters assessment ranks all affected students must be notified.