



**KIAMA HIGH SCHOOL
ASSESSMENT TASK APPEAL APPLICATION FORM
YEARS 10 - 12**

Type of Appeal (Tick as applicable)

Illness and/or Misadventure Appeal		Request for Consideration – School Business		Request for Consideration – Non-School Business		Request to Remove Unfair Advantage Determination	
---	--	--	--	--	--	---	--

1. Complete applicable sections of this form, attaching any supporting documentation (eg, medical certificate, enrolment in extracurricular activity).
2. Return to Head Teacher: Secondary Studies in J20.

Name:	Year: 10 11 12 (<i>please circle</i>)
Course:	Teacher:
Task:	Date Issued:
Due Date: / / M Tu W Th F (<i>please circle</i>)	
Reason for appeal / request for consideration:	

Student signature:	Date: / /
Parent signature:	Date: / /

Supporting documentation for: (*please circle, and attach - as applicable*)

Illness and/or Misadventure	Request for Consideration – School Business
Medical Certificate Y / N	Confirmation from Organ
Part A completed: Y / N	Teacher:

Signature of Organising Teacher – School Business: _____

Course Teacher Comment: Support [] Yes [] No

Teacher Signature: _____ Date: / /

Head Teacher Comment: Support [] Yes [] No

Head Teacher Signature: _____ Date: / /

Appeal Panel Decision

New Due Date: _____	Award Estimate assessment task
Student to complete alternative task. NO PENALTY APPLIES.	ZERO MARKS A issued.
Unfair Advantage Not Deemed. NO PENALTY	



KIAMA HIGH SCHOOL
ASSESSMENT TASK APPEAL APPLICATION FORM
YEARS 10 - 12

COMPLETE PART A for ILLNESS or PART B for MISADVENTURE or attach a Medical Certificate

<u>PART A</u> INDEPENDENT EVIDENCE OF ILLNESS	
<i>The person completing this form must not be related to the student</i>	
Diagnosis of Medical Condition	
Date of onset of Illness	
Date(s) and time(s) of all consultations related to illness	
Please describe how the student's condition/symptoms could impede their performance in the relevant task: _____	

Name of doctor or health care professional	
Profession:	Place of Work:
Address:	
Contact Number:	Signed: _____ Date: / /

<u>PART B</u> INDEPENDENT EVIDENCE OF MISADVENTURE	
<i>(Not to be completed by the student)</i>	
Date of event causing misadventure	
Were you a witness to the event	[] Yes [] No
If (NO), how did you obtain the information you are providing?	
What is your relationship to the student?	
Describe the event: _____	

Name:	Profession:
Contact Number:	Signed: _____ Date: / /