



Yass High School

Assessment Task Illness/Misadventure Application

Name: _____ Year: _____ Date: _____

Subject: _____ Teacher: _____

Assessment Task Number (as per Booklet): _____

Assessment Task Title: _____

Assessment Weighting: _____ Your Mark: _____ Your Rank: _____

I wish to appeal on the following grounds: (Please staple any documentary evidence to this form including Assessment Task Notification Sheet, Marking guidelines and your submitted task)

I have read the Assessment Booklet and ensured that the grounds for appeal are consistent with that policy.

Student Signature: _____ Date: _____

Parent/Carer Signature: _____ Date: _____

Head Teacher Signature: _____ Date: _____

Comment: _____

Assessment Appeal – Panel Recommendation If Appeal is not recommended by Head Teacher

Decision Details: _____

Deputy/Principal: _____ Date: _____

Original to student, copy to teacher & student file