



LEUMEAH HIGH SCHOOL
ILLNESS/MISADVENTURE FORM

Name : _____ Year : _____ Date : _____

Subject and Date of Assessment Task not completed :

Was the school informed of your absence on the day of the task? YES / NO

Attach your doctor's certificate to this form.

REASON FOR APPEAL :

Please give details as to why you feel your assessment mark should be altered. Attach any relevant supporting information.

Signed : _____

Decision of Appeal Committee :

Copy to be placed in student's file.