



Cardiff High School

Illness/Misadventure Appeal Form

Years 7-10

Note: All applications for Illness/Misadventure appeals must be submitted to your class teacher prior to a known absence or within two school days of your return to school for an unforeseen event.

1. Student Details

Name: _____ Year: _____

2. Task Details

Course: (please tick one) Year 7-8 ROSA (9-10)

Subject: _____ Teacher: _____

Name of Assessment task: _____ Date Due: _____

3. Details of absence (please tick one and attach documentation required)

Reason for absence	External Documentation Required	✓
Illness	Parent Note (7-9) Medical Certificate (10)	<input type="checkbox"/>
Bereavement	Funeral Notice	<input type="checkbox"/>
Sporting Representation	Sport Representation Note*	<input type="checkbox"/>
Excursion	School Representation Note*	<input type="checkbox"/>
Other:	Parent Note (7-9) Statutory Declaration (10)	<input type="checkbox"/>

*Signed by teacher

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

4. Teacher Recommendation: _____ Appeal Supported: YES NO

5. Head Teacher Recommendation: _____ Appeal Supported: YES NO

6. Principal's Decision

Appeal Accepted Appeal Declined

Comment:

Signed: _____ Date: _____

Mr J Gane
Principal