



MAGDALENE CATHOLIC HIGH SCHOOL

“Because I have Seen the Lord”
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Illness/Misadventure Appeal for Assessment – Years 10, 11, 12

Name		HR	Date
Task for which Appeal is being Lodged (a separate form must be completed for each task)			
Subject	Class Teacher	Date Due	Task Name:

Reason for Appeal:

Is relevant Documentation for Illness attached (e.g. Doctor’s certificate) attached? Yes No

Is relevant Documentation for Misadventure attached (e.g. detailed letter from Parent) attached? Yes No

Student’s Signature: _____ **Parent’s Signature:** _____

KLA Coordinator’s Recommendation		
Subject	Recommendation	Revised Date for task
	<input type="checkbox"/> Extension Granted <input type="checkbox"/> Re-sit task <input type="checkbox"/> Final rank to be adjusted (if necessary) <input type="checkbox"/> Alternate task <input type="checkbox"/> Estimate given for task (exceptional cases)	Extension: ___/___/___ Re-sit task: ___/___/___ Alternate task: ___/___/___

KLA Coordinator’s Signature

Print Name

Appeal status: Upheld - Yes No (Curriculum Coordinator’s recommendation)

Curriculum Coordinator’s Signature (Mrs. Haines)

OFFICE USE ONLY	
<input type="checkbox"/> Copy to student file <input type="checkbox"/> Copy to KLA Coordinator <input type="checkbox"/> Copy to student in HR Tub	_____ _____