

Student Appeal Form for School-based Assessment

Student	's Name:		Homeroom:		
Course			Class Teacher:		
Assess	ment Task Date:		-		
Type of	Task (tick one)	□ Examination□ In class task□ Hand in task			
Outline the circumstances of your appeal.					
		es to the back of this form if	you run out of space here)		
Do you l	nave supporting	documentation to support	your case? If YES, attach it to t	the back of this form.	
Declara	tion				
I/We de	clare that the abov	ve information is a true and a	accurate account of the circums	stances surrounding the appeal.	
Student'	s Signature:	Parent's	Signature:	Date:	
College	Use Only:				
Appeal:	Upheld / Rejecte	d	Assistant Principal Signature:		
	Students / parents have been notified of the outcome of the appeal in writing				
	A copy of this notification has been given to the relevant Leader of Learning, classroom teacher and Student Services				