

## Student Appeal Form for School-based Assessment

Student's Name:			Homeroom:	
Course			Class Teacher:	
Assess	ment Task Date:			
Type of	Task (tick one)	<ul><li>□ Examination</li><li>□ In class task</li><li>□ Hand in task</li></ul>		
Outline	the circumstand	ces of your appeal.		
(attach a	any additional no	tes to the back of this form if you run out of	space here)	
Do you l	have <b>supporting</b>	documentation to support your case? If Y	ES, attach it to the back of this form.	
Declara	tion: I/We declar	re that the above information is a true and a	ccurate account of the circumstances.	
surroun	ding the appeal. (	(Please print Name if completing electronic	ally.)	
Student	's Signature:	Parent's Signature:	Date:	
LOL RE	COMMENDATIO	N:		
College	Use Only:			
Appeal:	Upheld / Rejecte	ed Assistant Princi	pal 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			