



# Illness and Misadventure Appeal Form

Please submit this appeal form (within 3 school days of the decision) to the Principal.

## Appeal to Principal

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_

Task Name: \_\_\_\_\_ Due date of task: \_\_\_\_\_

Are you seeking an appeal for (circle) (a) illness OR (b) misadventure?

Reason/s for Appeal: (New evidence to support application. Please attach additional evidence to this form as required.)

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Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only:

### Principal Decision

- No change to the Illness or Misadventure decision. Reason/s:

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- Change to the Illness or Misadventure decision. Reason/s:

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- Student & Parent/Caregiver informed.

Signed: \_\_\_\_\_ (Principal) Date: \_\_\_\_\_