



YEAR 7, 8, 9, ILLNESS/MISADVENTURE LETTER

Year 7 8 9 (Circle 1)

*** SUBMIT THIS LETTER TO THE FACULTY HEAD TEACHER WITHIN 5 DAYS OF THE MISADVENTURE**

PART A – TO BE COMPLETED BY STUDENT (Please return to the appropriate Faculty Head Teacher)

Name of Student: Teacher:

Course:

Assessment Task Name: Due Date:

Reasons for failure to meet Assessment Task submission date: (Please outline your reasons)

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PART B – PARENT/CARER SUPPORTING EVIDENCE

Parent/guardian explanation for student missing assessment task submission date.....

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Parent/Carer Signature:

Date:

PART C- TO BE COMPLETED BY THE FACULTY HEAD TEACHER

- ☐ Uphold the appeal
- ☐ Dismissing the appeal
- ☐ Other (explain)

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Head Teacher sign:

Date:

PART D- TO BE COMPLETED BY THE APPEAL COMMITTEE (IF REQUIRED)

Scheduled Meeting Date:/...../.....

Venue:

- ☐ Uphold the appeal
- ☐ Dismissing the appeal

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Deputy Principal:

Head Teacher:

Year Adviser:

Date: