



TORONTO HIGH SCHOOL YEARS 7-9 ILLNESS AND MISADVENTURE APPEAL FORM

*Completed forms must be submitted to the relevant Head Teacher within three school days of a student's return to school.
Students must be prepared to complete any missed assessment task the day after a medical certificate expires.
In cases of prolonged absence impacting assessment, please contact the relevant Deputy Principal.*

STUDENT NAME: _____

YEAR: _____

SUBJECT: _____

TEACHER: _____

THIS FORM WILL NOT BE ACCEPTED UNLESS ALL BOXES ARE TICKED

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|--|--|
| <input type="checkbox"/> Course, subject, task name and due date completed | <input type="checkbox"/> Parental/Carer signature and date completed |
| <input type="checkbox"/> Reason for appeal completed | <input type="checkbox"/> Student signature and date completed |
| <input type="checkbox"/> Details to support appeal completed | <input type="checkbox"/> Doctor's Certificate/Statutory Declaration attached |
| <input type="checkbox"/> Classroom teacher comment completed | |

Subject:	Task Name:	Due Date: ___/___/___
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Reason for Appeal:	<input type="checkbox"/> Illness	<input type="checkbox"/> Misadventure
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Details to Support Appeal:

Classroom Teacher Comment:

Documentation Attached:	<input type="checkbox"/> Doctor's Certificate	<input type="checkbox"/> Statutory Declaration
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Parent/Carer Signature: Date: / /	Student Signature: Date: / /
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Appeal Upheld: Yes No		
Decision:		New Due Date: / /
<input type="checkbox"/> Alternative Task. Details:		
<input type="checkbox"/> Estimate. Method of Estimate:		
<input type="checkbox"/> Original Task		

Deputy Principal Signature: Date: / /	Head Teacher Signature: Date: / /
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