



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

*Note: The following checklist must be completed prior to submission to the relevant Head Teacher. This form must be submitted no later than three days after return to school. In cases of prolonged absence contact with the school is to be made via phone.*

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               |  |

<b>Subject:</b>	<b>Task Name:</b>	<b>Due Date:</b> ___/___/___
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<b>Reason for Appeal:</b>	<input type="checkbox"/> Illness	<input type="checkbox"/> Misadventure
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<b>Details to Support Appeal:</b> _____ _____ _____ _____
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<b>Classroom Teacher Comment:</b> _____ _____ _____ _____
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<b>Documentation Attached:</b>	<input type="checkbox"/> Doctor's Certificate	<input type="checkbox"/> Statutory Declaration
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<b>Parent/Carer Signature:</b> Date:    /    /	<b>Student Signature:</b> Date:    /    /
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<b>Appeal Upheld:</b> Yes                      No		
<b>Decision:</b>		
<input type="checkbox"/> <b>Alternative Task. Details:</b>		<b>New Due Date:</b> /    /
<input type="checkbox"/> <b>Estimate. Method of Estimate:</b>		
<input type="checkbox"/> <b>Original Task</b>		

<b>Deputy Principal Signature:</b> Date:    /    /	<b>Head Teacher Signature:</b> Date:    /    /
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