



TORONTO HIGH SCHOOL YEARS 10-12 ILLNESS AND MISADVENTURE APPEAL FORM

Note: The following checklist must be completed prior to submission to the relevant Deputy Principal. 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		
<input type="checkbox"/> Course, subject, task name and due date completed <input type="checkbox"/> Reason for appeal completed <input type="checkbox"/> Details to support appeal completed <input type="checkbox"/> Classroom teacher comment completed	<input type="checkbox"/> Parental/Carer signature and date completed <input type="checkbox"/> Student signature and date completed <input type="checkbox"/> Doctor's Certificate/Statutory Declaration attached	
Course: <input type="checkbox"/> Yr 10 <input type="checkbox"/> Preliminary <input type="checkbox"/> HSC		
Subject:	Task Name:	Due Date: ___/___/___
Reason for Appeal: <input type="checkbox"/> Illness <input type="checkbox"/> Misadventure		
Details to Support Appeal: _____ _____ _____ _____ _____		
Classroom Teacher Comment: _____ _____ _____		
Documentation Attached:	<input type="checkbox"/> Doctor's Certificate	<input type="checkbox"/> Statutory Declaration
Parent/Carer Signature:	Student Signature:	
Date: / /	Date: / /	
Appeal Upheld: Yes No		
Deputy Principal Decision: <input type="checkbox"/> Alternative Task. Details: Date: / / <input type="checkbox"/> Estimate. Method of Estimate: <input type="checkbox"/> Original Task		
Deputy Principal Signature:		Head Teacher Signature:
Date: / /		Date: / /