



# JJ CAHILL MEMORIAL HIGH SCHOOL

## APPEAL FOR REVIEW OF ASSESSMENT

This form is to be submitted to the Principal when requesting a review of one or more of the following:

- A Head Teacher's decision about an illness/misadventure appeal (you must appeal within 2 days of the notification of the decision);
- A Student's order of merit for an assessment task or for a course;
- Assessment practice that does not follow the school's guidelines.

NAME OF STUDENT: \_\_\_\_\_ ROLL CALL: \_\_\_\_\_

COURSE/SUBJECT: \_\_\_\_\_ TEACHER: \_\_\_\_\_

NAME OF ASSESSMENT TASK: (If applicable) \_\_\_\_\_ DUE DATE:(if applicable) \_\_\_\_\_  
(Attach a copy of the Task)

I WISH TO HAVE THE PRINCIPAL REVIEW THE ABOVE TASK IN RELATION TO PROCEDURAL FAIRNESS.

I WISH TO HAVE THE PRINCIPAL REVIEW THE HEAD TEACHER'S DETERMINATION REGARDING MY MARK FOR THE ABOVE TASK OR COURSE.

MY APPEAL IS BASED ON THE FOLLOWING GROUNDS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RECEIVED BY PRINCIPAL: \_\_\_\_\_ DATE OF DETERMINATION: \_\_\_\_\_

DETERMINATION: UPHELD / DECLINED

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PANEL MEMBERS' SIGNATURES:

\_\_\_\_\_  
PRINCIPAL (R. COWIN)                      DEPUTY PRINCIPAL (J MIFSUD)                      HEAD TEACHER OF YEAR  
GROUP OR DELEGATE

POSTED TO STUDENT ON (DATE): \_\_\_\_\_ SAO NAME AND SIGNATURE: \_\_\_\_\_