



# JJ CAHILL MEMORIAL HIGH SCHOOL APPEAL BASED ON ILLNESS/MISADVENTURE

This form is to be completed and submitted to the faculty Head Teacher when requesting consideration for the late completion and/or submission of a task or when a student's performance has been impacted by illness or misadventure. It must be submitted on the day of the scheduled task or, if absent, on the day the student returns to school.

NAME OF STUDENT: \_\_\_\_\_ ROLL CLASS: \_\_\_\_\_

COURSE: \_\_\_\_\_ CLASS TEACHER: \_\_\_\_\_

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

### SECTION (A)

(TO BE COMPLETED BY THE STUDENT)

OUTLINE REASON FOR THIS APPLICATION FOR ILLNESS/MISADVENTURE AND ATTACH RELEVANT DOCUMENTATION:

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STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SECTION (B)

(TO BE COMPLETED BY HEAD TEACHER)

HEAD TEACHER: \_\_\_\_\_ FACULTY: \_\_\_\_\_ COURSE: \_\_\_\_\_

RECEIPT DATE OF ILLNESS/MISADVENTURE FORM: \_\_\_\_\_

TASK SUBMITTED/COMPLETED:  YES  NO DATE COMPLETED/SUBMITTED: \_\_\_\_\_

DATE OF RESCHEDULED TASK: \_\_\_\_\_

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

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DECISION BY HEAD TEACHER: \_\_\_\_\_

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HEAD TEACHER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COPIES:  FACULTY FILE  STUDENT  STUDENT FILE

**NB: A STUDENT MAY APPEAL THIS DECISION IF HE/SHE CONSIDERS IT IS UNFAIR BASED ON THE ADVICE PROVIDED IN THE ASSESSMENT GUIDE. REFER TO APPEAL FOR REVIEW OF ASSESSMENT.**