



APPEAL FORM FORMAL ASSESSMENT TASK

Student name: _____ Year: _____

Course name: _____ Teacher: _____

Assessment Task Number: _____ Due Date: _____

Type of Task (e.g. Test, speech, etc): _____

Mark Awarded: _____

Reason for this mark: _____

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- I wish to appeal the above mark
 - I have read the assessment guidelines as outlined in the current assessment booklet for my year
 - I am aware I can only appeal within 5 school days of the return of the marked assessment
 - I appeal the decision on the following grounds: _____

(Please attach further grounds or documentation to support your appeal)

Student Signature: _____ Parent Signature: _____

Date: _____ Date: _____

APPEAL DECISION

Appeal Upheld _____ Appeal Declined _____

Explanation and determination _____

Assistant Principal _____ Date: _____

This form must be submitted to the Assistant Principal.