This form should be completed only if the student feels that he/she has met the
assessment criteria requirements as detailed in the assessment task, and is
requesting a review of the assessment mark.
This form is to be completed and signed by student and parent.

Student Name: _____________________________________________________________

Class: ____________________________________________________________________

In lodging an appeal, you are asking the Deputy Principal Curriculum to reconsider the
decision re assessment mark. The Deputy Principal Curriculum, in consultation with your
class teacher or the Head Teacher of the course, will review your performance in the course
and give consideration to your statement in support of your appeal. The Deputy Principal
Curriculum will decide whether there is sufficient evidence to change the original
assessment mark.

I wish to have the Deputy Principal Curriculum reconsider the decision re assessment
mark in the following course:

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Teacher</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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Student Statement in Support of Appeal

You need to detail how you have completed all and/or assessment task requirements.

My appeal is based on the following grounds:

________________________________________________________________________
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(Additional pages may be stapled if more space is needed)

The Deputy Principal Curriculum will advise you of the outcome of the School Review of your appeal within one week. If the Deputy Principal Curriculum declines your appeal you may ask to have the matter reviewed by the Principal. The Principal will notify you of the outcome of your appeal. The Principal’s decision is final.

Student’s Signature ___________________________ Date: _______________

Parent/Caregiver’s Signature ___________________________ Date: _______________

(If student is under 18 years of age)