



SEFTON HIGH SCHOOL APPLICATION TO APPEAL

This appeal is in relation to:

- ☐ SHS assessment task
- ☐ Final HSC school assessment rank, as provided by NESA

STUDENT NAME _____ **YEAR** _____
Given Family

CLASS NAME _____ **TEACHER** _____

COURSE _____

If this appeal is in relation an assessment task, note the details below.

TASK NAME OR NUMBER _____

TASK DESCRIPTION _____

GUIDELINES

- This form must be completed and submitted by the student to the relevant Head Teacher.
- Only information presented by the student will be considered by the Appeals Panel.
- The student must detail the grounds on which the appeal is based in the space below.
- Supporting documents attached:
 - ☐ Doctor's certificate
 - ☐ Written evidence of an exceptional misadventure
 - ☐ Application for Assessment Consideration Due to Illness/Misadventure

List the grounds for your appeal here:

Use the space on the back of this form if required.

Ensure you sign and date the back of this form.

[illegible]

Student's Signature _____

Date _____

Excellence in education for all of our students