



RUTHERFORD
TECHNOLOGY HIGH SCHOOL

RESPECT · RESPONSIBILITY · COMMITMENT

MISADVENTURE/APPEAL FORM

To be used in case of:

Misadventure – failure to submit or complete an assessment task or examination on or before due date due to illness, accident or other misadventure, OR

Appeal – when a student believes that the standard of a completed/submitted assessment task or examination was negatively affected by special circumstances.

Students to complete Section A and then submit to their Class Teacher or Head Teacher no later than 3 days after their return to school.

NOTE: Supporting documentation is to be attached to this form

SECTION A *(to completed by the student)*

NAME _____

YEAR 10 / 11 / 12 *(circle)*

SUBJECT _____

TEACHER _____

TASK _____

DUE DATE _____

REASON FOR MISADVENTURE or APPEAL

(State sufficient details to support your case)

MEDICAL CERTIFICATE/STATUTORY DECLARATION/OTHER EVIDENCE ATTACHED

YES/NO *(circle)*

Student's Signature _____

Date _____

Parent/Carer Signature _____

Date _____

SECTION B (to be completed by Head Teacher)

Discussed with Teacher YES/NO **Interview with Student** YES/NO

Interviewer _____ Date _____

CLASS TEACHER RECOMMENDATION

Class Teacher Signature _____ Date _____

PANEL DECISION

APPROVED

- Complete set task OR alternate task (*circle one*) prior/after the set date without penalty
- Extension without penalty
- Provide a moderated estimate based on evidence (marks in previous tasks)

NOT APPROVED

- Reason unacceptable, mark confirmed of zero

Additional Information

Head Teacher Signature _____ Date _____

Deputy Principal Signature _____ Date _____

SECTION C

A copy needs to be placed in:

Student File

Monitoring Folder

Mailed Home