



JOHN EDMONDSON HIGH SCHOOL

PRINCIPAL: Mr Brij Khanna

Appeal of the Assessment Procedure APPLICATION FORM

Staff to complete this section

| Executive Staff member to whom appeal is submitted | | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------|-----------|---------------------------|
| Provides any further documentation & submit to the Assessment Review Panel. | | | |
| Head Teacher Name | | Sentral # | |
| Head Teacher Signature | | Date | |
| Decision | <input type="checkbox"/> Upheld <input type="checkbox"/> Declined | | Policy section referenced |
| Decision Date | | | |
| Notes | | | |
| Student notified | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date |

| Assessment Review Panel | | | |
|-------------------------|-------------------------------------------------------------------|--|---------------------------|
| Decision | <input type="checkbox"/> Upheld <input type="checkbox"/> Declined | | Policy section referenced |
| Decision Date | | | |
| Notes | | | |
| Signatures | 1 Senior Executive | | 2 |
| | 3 | | 4 (optional) |
| Student notified | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date |