

Name

Head Teacher

Course/Subject

Assessment Task Title

JOHN EDMONDSON HIGH SCHOOL

PRINCIPAL: Mr Brij Khanna

Appeal of the Assessment Procedure APPLICATION FORM

Tel#

Class Teacher

CLOSING DATE FOR APPEALS: Five (5) school days after receiving of assessment task result.

Assessment Task Notification Date		Assessment Task Due Date			Assessment Weighting	%					
Number of pages attached to this appeal		Date Appeal Submitted									
Student Signature			Date								
Details of the appeal (please refer to the HSC Assessment Policy)											
STUDENT: Please add additional pages if necessary and any supporting documentation. Ensure to include the assessment notification.											



JOHN EDMONDSON HIGH SCHOOL

PRINCIPAL: Mr Brij Khanna

Executive Staff member to whom appeal is submitted

Provides any further documentation & submit to the Assessment Review Panel

Appeal of the Assessment Procedure APPLICATION FORM

Staff to complete this section

Name			Sentra	l #	
Head Teacher Signature			Date		
Decision	□ Upheld	☐ Declined	Policy	section	
Decision Date			refere	nced	
Notes					
Student notified	□ Yes	□ No	Date		
Assessment Review					
Decision	☐ Upheld	☐ Declined	Policy section referenced		
Decision Date			reierei	iced	
Notes					
Notes	1 Senior Executive			2 4 (optional)	
		□ No	Date		