

**GUNDAGAI HIGH SCHOOL
APPLICATION FOR SPECIAL CONSIDERATION FOR
ACCIDENT / MISADVENTURE / ILLNESS / SPECIAL CIRCUMSTANCES**



Student Name: _____ Class: _____

Subject / Course: _____ Task: _____

Due Date: _____ Date of actual submission: _____

Student Statement: (to be completed by the student)

My appeal is being lodged for the following reason(s):

- | | |
|---|--|
| <input type="checkbox"/> illness / misadventure | <input type="checkbox"/> final course rank |
| <input type="checkbox"/> the awarding of zero | <input type="checkbox"/> acceptable reason for late submission |
| <input type="checkbox"/> final assessment mark | <input type="checkbox"/> acceptable reason for non-submission |

I did not complete / submit the task indicated above on the due date for the following reason (s):

Signature of student: _____ Date: _____

Subject Teacher Statement:

Signature of subject teacher: _____ Date: _____

Attach supporting documentation (eg medical certificate) to this sheet and return it to the Head Teacher of the subject.

Head Teacher Recommendation:

Signature of HT: _____ Date: _____

Action Taken by the Deputy Principal and/or Principal*:

- | | |
|--|--|
| <input type="checkbox"/> non-attempt, zero awarded, U award | <input type="checkbox"/> late submission, zero awarded |
| <input type="checkbox"/> resit | <input type="checkbox"/> Estimate to be given* |
| <input type="checkbox"/> extension of time granted until _____ | |
| <input type="checkbox"/> other: _____ | |

Signature of Principal/DP: _____ Date: _____