

Penrith Selective High School Years 7 – 10 ILLNESS & MISADVENTURE FORM

Student Name:		Date:		
Student Name:		Date:		
Teacher: Task:		Course: Weighting:		
				Original Task Due Date:
I was absent for the assessment but have since sat/submitted the task I have attached documentation to support my appeal		sk 🗆 YES	□ №	
		☐ YES	□ №	
	locumentation such as a Transport NSW or Police ID nur	mber)		
Student Signature:	Parent Signature:	Head Teach	ner Signature:	
	ead Teacher - Appeal Upheld		□ NO	



Penrith Selective High School Years 7 – 10 ILLNESS & MISADVENTURE FORM

** Appeal must be lodged within a maximum of three days after the task with the relevant Head Teacher/s ** $\frac{1}{2}$

Student Name:		Date:		
Teacher:	Course:			
Task:		Weighting:		
Original Task Due Date:				
I was absent for the assessment but have since sat/submitted the task		☐ YES	\square NO	
I have attached documentation to support my appeal (Medical certificate or other relevant documentation such as a Transport NSW or Police ID number		□ YES	\square NO	
Student Signature:	Parent Signature:	Head Teacher Signature:		
Outcome Determined by Head Teacher - Appeal Upheld				