



**ASSESSMENT EXCELLENCE BOARD
APPLICATION FOR CONSIDERATION
Years 10, 11, 12**

Application For (please tick): Illness Misadventure Leave Extension Appeal

Student Name: _____ Year ____ **Assessment Due Date:** _____

Assessment number: _____ Assessment Type: Test / Assignment / Other _____

Subject: _____ Task Weighting ____% Class Teacher: _____

Details: (Attach supporting documentation. eg. doctor's certificate, accident report, NRMA report etc)

Student Request: (What outcome would you like?) _____

Signatures: Student _____ Parent/Carer: _____ Date: _____

**Submit this form to the Registrar in the library or
email to: "The Registrar AEB" at ulladulla-h.school@det.nsw.edu.au.**

- Leave and Extension - two weeks prior to assessment
- Appeals - within two school days of receiving result
- Illness and Misadventure - immediately upon return to school

Date Received: _____ Registrar Signature: _____

ASSESSMENT EXCELLENCE BOARD ONLY

Approved Not approved Date: _____

Comment: _____

Signature: _____

Checklist:

- Supporting documentation is attached
- Submission is within timeframes outlined in the Assessment Guidelines
- DP communication of appeal outcome verbally and via written correspondence to student and parent/carer
- Details and outcome of appeal recorded in Sentral Data Records - Assessment and HT/Class teacher notified.