

Appeals Application Form

Print the form out. Fill in the top section and hand in to your teacher or HOF within 48 hours of getting your assessment back.

Name:	Rōpū Class:
Date of application:	
Subject:	
Name of teacher:	
Standard number and title:	
Grade awarded:	
Date assessment returned to student:	
Reason for appeal: <ul style="list-style-type: none"><input type="checkbox"/> I have discussed my grade with my subject teacher in the first instance.<input type="checkbox"/> I would like the HOF/PN(LSC/HYS) to reconsider my grade. My reasons for this request are: <i>(please explain, using an extra sheet if needed)</i>	

HOFs Decision: <ul style="list-style-type: none"><input type="checkbox"/> The grade awarded by the teacher stands.<input type="checkbox"/> The grade awarded has been changed to _____. <p><i>The reason for this decision has been explained to me and I accept the decision.</i></p> <p>Signed: _____ <i>(student)</i></p>
Signed: _____ <i>(HOF)</i> Date: _____

Principal's Nominee' Decision/Comment (if needed):
Signed: _____ <i>(LSC/HYS)</i> Date: _____