

Appeals Application Form

Fill in the top section and hand in to your teacher/HOF within 24 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/Deputy Principal (SEA) 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: _____ (student)</p>
Signed: _____ (HOF) Date: _____

Deputy Principals' Decision/Comment:
Signed: _____ (D.P) Date: _____