



ASSESSMENT APPEAL FORM

(To be submitted to Assistant Principal – Junior/Senior)

STUDENT NAME: _____

VPC: _____ **YEAR LEVEL:** _____

SUBJECT: _____

ASSESSMENT ITEM: _____

Please detail below the reasons why you appeal the assessment grade allocated and provide detailed information which supports your appeal.

Student signature _____ **Date:** _____

Parent signature _____ **Date:** _____