

Appeal Form Against Assessment Task Zero



Name: _____ Roll Class: _____

Subject: _____

Task: _____

Due Date: _____ Task Weighting: _____

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Part A – Basis for Appeal

Please circle a number 1-5 that corresponds to the reason you believe an appeal is warranted.

- 1. That weightings in the assessment guide do not comply with BOS requirements.
- 2. That procedures used to obtain the grade or rank order do not comply with the assessment procedures
- 3. That computational or other clerical errors have been made in determining the mark.
- 4. That illness or misadventure has contributed to the award of a zero mark.
- 5. That marks or grades do not comply with published marking guidelines.

Part B – Details you wish the Appeals Committee to consider:

Please attach supporting documentary evidence if warranted.

Parent Signature: _____

Student Signature: _____ Date: _____