



KARAMU HIGH SCHOOL

APPEALS APPLICATION FORM 2017

Fill in the top section of this form and hand to Mrs Clark within one week of getting your assessment back.

Name:	Form Class:
Date:	Date assessment returned:
Subject & Level:	Teacher:
Standard Number and Title:	
Grade given by teacher:	
Reason for Appeal: <input type="checkbox"/> I have discussed my grade with my subject teacher in the first instance. <input type="checkbox"/> I would like the Head of Faculty and Principal’s Nominee to reconsider my grade. My reasons for this request are: <i>(Please explain, use the back of this sheet if necessary)</i> . <input type="checkbox"/> Some other factor relating to the assessment process. <i>(Please explain, use the back of this sheet if necessary)</i> .	
Head of Faculty Decision (after remarking the work) <input type="checkbox"/> The grade awarded by the teacher stands <input type="checkbox"/> The grade awarded has been changed to _____ <i>The reason for this decision has been explained to me and I accept the decision.</i> Student signature: _____ Date: _____ Head of Faculty signature: _____ Date: _____	
Principal’s Nominee’s Decision/Comment: Principal’s Nominee signature: _____ Date: _____	