



KARAMU HIGH SCHOOL APPEALS APPLICATION FORM

Fill in the top section of this form and hand to DP-Curriculum within one week of getting your assessment back.

Name:	Form Class:
Date:	Date assessment returned:
Course & 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 HOF 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>)	
HOF Recommended Decision <input type="checkbox"/> The grade awarded by the teacher stands <input type="checkbox"/> The grade awarded has been changed to _____	
Principal's Nominee's Final Decision/Comment: Principal's Nominee signature: _____ Date: _____	

The reason for this decision has been explained to me and I accept the decision.

Student signature: _____ **Date:** _____

HOF signature: _____ **Date:** _____