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Malpractice Appeal Form

Submit this appeal form (within 48 hours of Head Teacher decision) to the Deputy Principal

Step One – Appeal to Deputy Principal

Student Name:

Course:

Task Name:

Date:

Teacher:

Head Teacher:

Reason/s for Appeal: (Evidence provided to demonstrate student's own work. Please attach additional evidence to this form as required)

For Office Use Only:

Deputy Principal Decision

No change to Head Teacher decision: Reason/s:

Change to decision: Reason/s and decision outcome:

Malpractice Register updated (Year 12 only)

Head Teacher Informed

Student/parent informed

Step Two – Appeal to Principal

Please attach/provide only new evidence to the Principal in relation to your appeal and your reasons for the appeal below:

For Office Use Only:

Principal Decision

No change to Deputy Principal's decision: Reason/s:

Change to Deputy Principal decision: Reason/s and decision outcome:

Malpractice Register updated (Year 12 only)

Deputy Principal and Head Teacher informed

Student/parent informed

Principal Signature: _____

Date: