



APPEAL FORM

PART 1: PARENT / GUARDIAN

I,, parent/guardian of
in Grade at (name of school) wish to appeal against the
promotion/progression decision made about my son/daughter for the following reason(s):
.....
.....

Contact details of parent/guardian	Address:	Cell no.:
	Home tel. no.:
	Work tel. no.:

Signature:	Date: / / 20.....
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PART 2: PRINCIPAL

I,, principal of
..... have investigated the above appeal and have decided that (Please tick in the appropriate box.)

<input type="checkbox"/>	The original decision should be upheld, i.e. the learner will remain in the same grade.
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<input type="checkbox"/>	The original decision should be overruled, i.e. the learner will be allowed to progress to the next grade.
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Reason(s):

Signature:	Date: / / 20.....
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If you are not satisfied with the decision, you may contact the district director at:
Tel: Fax:

PART 3: ASSESSMENT CO-ORDINATOR

I,, assessment co-coordinator of the
..... Education District,
have investigated the above appeal and have decided that (Please tick in the appropriate box.)

<input type="checkbox"/>	The original decision should be upheld, i.e. the learner must remain in the same grade.
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<input type="checkbox"/>	The original decision should be overruled, i.e. the learner will be allowed to progress to the next grade.
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Reason(s):

Signature:	Date: / / 20.....
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PART 4: DIRECTOR

I,, Director of theEducation District,
have investigated the above appeal and have decided that *(Please tick in the appropriate box.)*

	The original decision must be upheld, i.e. the learner will remain in the same grade.		
	The original decision must be overruled, i.e. the learner will be allowed to progress to the next grade.		
Reason (s):			
THIS DECISION IS FINAL.			
Signature:	Date: / / 20.....