

**HIGH SCHOOL 2016
FINAL APPLICATION FOR LEARNER APPEALS**

Name of person appealing:
Student number:
Student ID number:
Contact details: Tel (H)
Tel (W)
Cell
E-mail
Course:
Subject:

Which committee or sub-committee made the decision you are appealing?
Date of the decision:
Name of the person chairing the original meeting:

Provide supporting documentation as deemed appropriate.

Details of the appeal:
