



**HIGH SCHOOL 2018
FINAL APPLICATION FOR LEARNER APPEALS**

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

Which committee or sub-committee made the decision you are appealing?

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Date of the decision:

Name of the person chairing the original meeting:

Provide supporting documentation as deemed appropriate.

Details of the appeal:

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