

San Diego Unified School District
Office of the Area/Assistant Superintendent

Area 1 4302 Valeta St., Bungalow 4 SD, CA 92107	Area 2 822 65 th St., Bungalow 20 SD, CA 92114	Area 3 4100 Normal St., Room 2038 SD, CA 92103	Area 4 4525 Market St., Building 800 SD, CA 92102	Area 5 3510 Newton St., Room B-103 SD, CA 92113	High Schools 4100 Normal St., Room 2140 SD, CA 92103
---	---	--	---	---	--

GRADE CHANGE REQUEST

(Administrative Procedure No. 4705)

Name of Parent(s) _____

Address _____ Zip Code _____

Telephone (home) (____) _____ (work) (____) _____

Name of Student _____ Date of Birth _____

Name of School _____ Grade Level _____

Name of Principal _____ Name of Teacher _____

Course Title or Subject Area _____

Grade Received by Student _____ Progress Report? _____ Semester Grade? _____

Date of Progress or Grade Report _____, School Year 20 ____ - ____

Discussed with Teacher? _____ Dates: _____

Discussed with Principal? _____ Dates: _____

What were the results of your discussions with the teacher? _____

What were the results of your discussions with the principal? _____

NOTE: The above information must be completed before you may submit a request for grade review, including conferencing with the teacher and principal.

Education Code Section 49066 states that, “the determination of the pupil’s grade by the teacher, in the absence of clerical or mechanical mistake, fraud, bad faith, or incompetence, shall be final.”

(Continued on reverse side)

