

**San Diego Unified School District  
GRADE CHANGE APPEAL**

*The information below must be completed prior to submitting an appeal for grade change to the Area Superintendent, including conferencing with the teacher and principal. The deadline for submitting a Grade Change Appeal is the end of the semester following the semester in which the grade was issued.*

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Student ID \_\_\_\_\_

Name of School \_\_\_\_\_

Subject/Grade Level \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Date of Progress or Grade Report \_\_\_\_\_ School Year 20 \_\_\_\_ - \_\_\_\_

Date(s) Discussed with Teacher \_\_\_\_\_

Results of your discussions with the Teacher \_\_\_\_\_

Date(s) Discussed with Principal \_\_\_\_\_

Results of your discussions with the principal \_\_\_\_\_

**EXPLANATION:** (Describe the nature of the appeal for grade change with specific information and documentation and relevant attachments.)

\_\_\_\_\_  
\_\_\_\_\_

I understand that the Area Superintendent may request from me (us) further information about this request and, if such information is available, I (we) shall present it upon request.

I (We) also understand that a copy of this complaint will be given to the teacher named on this form and his/her site principal/administrator and that they will be given the opportunity to respond to this request.

I (We) certify under penalty of perjury that the foregoing is true and correct.  
Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at San Diego, California.  
Day Month Year

Signatures: \_\_\_\_\_  
Student  
\_\_\_\_\_  
Parent/Guardian