



Alvord Unified School District

Our Promise: All students will realize their unlimited potential.

GRADE OMISSION/CHANGE FORM

School:	Current Academic Year:
Student Name:	Date of Birth:
Student Permanent ID:	Grade Level:

Grade change academic year:	Grade change marking period:
Name of Class – secondary school / Name of Standard – elementary school:	
Current Grade:	New Grade:

Reason for grade change or omission:

(This form must be accompanied by support documents)

Teacher Name: _____

Teacher Signature: _____ Date: _____

Principal signature: _____ Date: _____

Updated in Aeries by: _____ Date: _____

California Education Code (EC) Section 49066 (b)

The governing board of the school district and the superintendent of such district shall not order a pupil's grade to be changed unless the teacher who determined such grade is, to the extent practicable, given an opportunity to state orally, in writing, or both, the reasons for which such grade was given and is, to the extent practicable, included in all discussions relating to the changing of such grade.

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