



# RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street      ≈      Spring Green, Wisconsin 53588      ≈      Phone: 608-588-2551

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345.12 - Exhibit 1

## Request for Grade Change

PLEASE NOTE: You must fill out this form in its entirety. If you fail to complete the form, it will be returned to you for completion. A copy of the Board Policy relating to grade change requests is attached to this form. Please review the policy carefully. Forms which are not timely submitted will not be considered.

### GENERAL INFORMATION:

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Class or Grade Level: \_\_\_\_\_

School: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Requestor's Address: \_\_\_\_\_

Requestor's Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Best Time of Day to be Reached: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

### INFORMATION RELATING TO REQUEST:

Please provide the following information related to the grade for which a change is being requested.

Class or Subject: \_\_\_\_\_

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

Grade Received: \_\_\_\_\_

Grade Requested: \_\_\_\_\_

School policy basis for request (check all that apply):

\_\_\_\_\_ A test grade, assignment grade, or other grade recorded in the teacher's grade book was not correctly recorded and this error resulted in an incorrect quarter grade or semester grade; or

\_\_\_\_\_ An incorrect grade was given on a test, assignment, or other activity recorded in a teacher's grade book which error results in an incorrect quarter grade or semester grade; or

\_\_\_\_\_ The grade was given in disregard of or for reasons other than a teacher's own grading criteria.

Factual basis for request (include all information you have which causes you to think an error has been made) (attach additional sheets if necessary):

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The foregoing information is true to the best of my knowledge and belief. I/We have read the attached policy and understand it.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

For School Use Only:	
Date Received: _____	By: _____
Manner Received (check one): Mail: _____ Fax: _____ Personal Delivery: _____	
Date Delivered to Teacher: _____	By: _____
Date Returned to Principal by Teacher: _____	
Date Reply Delivered to Parent by Principal: _____	
Manner Delivered (check one): Mail: _____ Fax: _____ Personal Delivery: _____	

APPROVED: May 27, 1999