



RIVER VALLEY SCHOOL DISTRICT

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

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

