PEORIA public schools
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Peoria Public Schools

Grading Policy 6:280 Administrative Procedure

Grade Change Appeal Form

Name of Parent/Guardian:_____ Date of Request:_____

Name of Student:_____ Grade of Student:_____

Name of Teacher:_____

Course Name:_____

Please state, in detail, specific, objective facts supporting this request for appeal. Attach any documentation in support of your request to this form. Please note that this process is for grade change appeals only. For questions or concerns regarding other issues, contact the principal.

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Signature of Parent/Guardian: _____

Date: _____

Principal's Response Date:_____

_____ approved

_____ denied (Reason)_____

_____

Grade change appeals request must be submitted with 10 school days after report cards are distributed