El Dorado Union High School District
OAK RIDGE HIGH SCHOOL
BE REAL • DARE TO QUESTION • CARE FOR OTHERS • FIND BALANCE
1120 Harvard Way, El Dorado Hills, CA 95762 916-933-6980/530-677-4402 916-933-6987

Grade Change Appeal Form

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

Name of Pupil: _____ Grade of Pupil: _____

Name of Teacher: _____ Course Name: _____

Date of Meeting with Teacher: _____

Reason(s) for Request for Grade Change Appeal:

____ Mistake ____ Fraud ____ Bad Faith ____ Incompetency

Pursuant to Education Code section 49066, a grade change request may only be reviewed on the basis of one of the above-noted reasons as they relate to the assignment of the grade.

Please state, in detail, specific 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 your school Principal.

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Signature of Parent/Guardian: _____ Date: _____