

**San Diego Unified School District  
GRADE CHANGE APPEAL**

The information below must be completed prior to submitting an appeal for grade change to the Office of School Innovation and Integrated Youth Services, including conferencing with the teacher and principal. The deadline for submitting a Grade Change Appeal is the end of the semester following the semester in which the grade was issued.

Student Name \_\_\_\_\_ School Name: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Student ID \_\_\_\_\_ Grade Level: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Date (month, year) of Grade Report \_\_\_\_\_ School Year 20 \_\_\_\_ - \_\_\_\_

Reason for Appeal:  Fraud  Bad Faith  Incompetence  Clerical/Mechanical error

Date(s) Discussed: with Teacher \_\_\_\_\_ with Principal: \_\_\_\_\_

I understand that a grade given by a teacher shall be final and cannot be changed unless the evidence I provide substantiates that it was given fraudulently, in bad faith, because of incompetency or because of clerical or mechanical mistake pursuant to Education Code 49066(b).

I understand that the Office of School Innovation and Integrated Youth Services may request from me (us) further information about this request and, if such information is available, I (we) shall present it upon request.

I (We) also understand that a copy of this complaint will be given to the teacher named on this form and the site principal/administrator, and both will be given the opportunity to respond to this request.

I (We) certify under penalty of perjury that the foregoing is true and correct.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at San Diego, California.  
Day Month Year

Signatures: \_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian