

**Alder Grove Charter School**  
**Student Grade Level Amendment Request**

Date: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student Preferred name: \_\_\_\_\_

Information Completed by: \_\_\_\_\_

Date of Birth:	
Current Grade:	
New Grade:	
Effective Date:	

Reason for change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent has been notified and agrees to this grade amendment:                      Yes                      No

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Grade Level Amendment Approved:                      Yes                      No

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_