

Parent/Guardian Conference Request Form

| Student Name | Grade |
|--------------------------------------|--|
| School Name | |
| Please Print Clearly | |
| • | and discuss the evidence either for the rrent grade level or for the placement |
| □ I wish to appeal the decision to p | romote/retain my student. |
| Parent/Guardian Name | |
| Parent/Guardian Signature | |
| Telephone | Date |
| Teacher Name(s) | |