

Modoc Charter School
Change of Grade Level Request Form

Teacher Name: _____
Student Name: _____
Current Grade: _____ Effective School Year: _____
Requested Grade: _____

Reasons for requested grade level change:

Academic data supporting the grade level change:

This request for a grade level change is:

- Approved**
- Not approved**

If approved, this grade level change is effective for the
 academic year.

Student Study Team Member signatures:

Teacher: _____ Date: _____
Parent/Guardian: _____ Date: _____
Counselor: _____ Date: _____