

**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: _____

Grade Level Amendment Approved: Yes No

Administrator Signature: _____ Date: _____