HIDDEN VALLEY MIDDLE SCHOOL
GRADE CORRECTION REQUEST FORM

(Must be signed by Teacher, Principal, and Office Staff Member)

Change Requested For: ☐ Trimester 1 ☐ Trimester 2 ☐ Trimester 3

Student Name _____ Student # _____ Gr: __6 __7 __8

Course Title _____ Period _____

CHANGE GRADE FROM _____/_____ **TO** _____/_____
Grade % Grade %

Reason: _____

Teacher's Signature _____ *Date* _____

Approved by Principal _____ _____
Principal's Signature Required *Date*

Change Made by: _____ _____
Signature Required *Date*

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