**Final Grade Appeal Form**

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| WHAT? | This form is used for students and parents seeking appeal of a final grade. It must be submitted within 2 weeks after the posting of the final grade. For a formal academic grade appeal the form must be accompanied with requisite supportive documents. The guidance office will forward the completed form to the principal or principal’s designee responsible for reassessing the grade. |
| WHO? | The form must be completed, dated and signed by the student and parent. The grounds for the appeal must be provided and supporting documents attached. |
| WHEN? | The processing time for grade appeal depends on the nature of the appeal and faculty involved. |

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| --- |
| Last Name First Name |
|

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| --- | --- | --- |
| Subject | Student’s Email Address | Academic Year |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Section: | Final Grade: | Teacher: |

**Reason(s) for Appeal:**

Please check each item below as appropriate:

\_\_\_\_\_\_\_\_\_\_ I certify that the documents I have submitted are authentic and that the statements I have made are true and I acknowledge that the submission of false documents or statements is a violation of the Oldham County Board of Education and North Oldham High School Academic Regulations.

**For Academic Reappraisal Only:**

\_\_\_\_\_\_\_\_\_\_ [STEP 1] Student and parent/guardian have met with the instructor who assigned the grade and were unable to resolve the issue(s).

Teacher Initials

\_\_\_\_\_\_\_\_\_\_ [STEP 2] Student and parent/guardian have met with the principal or principal’s designee and were unable to resolve the issue(s).

Principal Initials

\_\_\_\_\_\_\_\_\_\_ **[STEP 3]** Student and parent/guardian have submitted information for SBDM consideration.

## All supporting documentation, including the remedy or requested solution being sought, has been included.

Academic work to be reassessed (attach the academic work and any other documentation to support the appeal):

Student’s signature:

Date:

For Office Use Only:

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| --- | --- |
|  | |
| Teacher’s signature: | Date form submitted to guidance office: |
| Decision: □ No change to grade □ Grade changed to: | Date of decision: |
| Principal’s signature: | Date form returned to guidance office: |

If you require this information in an alternative format due to disability, please contact the guidance office.