

SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of the Deputy Superintendent

Parent/Guardian Conference Request Form
Grades 1 - 8

Student Name _____ Grade _____

School Name _____

Please Print Clearly

- I request a conference to review and discuss the evidence either for the retention of my student at the current grade level or for the placement recommendations for next year.

- I wish to appeal the decision to retain/promote my student.

Parent/Guardian Name

Parent/Guardian Signature

Telephone _____ Date _____

Teacher Name(s) _____