

Attachment 4a

Office of Leadership and Learning

Parent/Guardian Conference Request Form

Student Name	_ Grade
School Name	_
Please Print Clearly	
I request a conference to review and discuss the evi retention of my student at the current grade level or recommendations for next year.	
□ I wish to appeal the decision to promote/retain my s	student.
Parent/Guardian Name	
Parent/Guardian Signature	
Telephone Date _	
Teacher Name(s)	