



Newfield High School Grade Change Form

Date: _____

Student Name: _____

Student Number: _____

Course Name: _____

Marking Period/School Year: _____

Change Grade from _____ to _____

Reason for Change: _____

Teacher's Name: _____

Teacher's Signature: _____

Assistant Principal's Signature: _____

**PLEASE BE SURE TO CHANGE THE GRADE IN YOUR
GRADEBOOK PRIOR TO SUBMITTING FORM.**

FOR OFFICE USE ONLY:

_____ Entered by Donna Renahan

_____ Date Copy Given to Guidance Counselor