

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT
ODESSA, TEXAS

I wish to appeal the grade placement decision for my child, _____

_____ based on the following reasons: _____

School where my child is currently enrolled: _____

Initial grade placement: _____

Requested grade placement: _____

I understand that the tests which will be administered to my child are end-of-year tests in Language Arts and Mathematics. My child must score a 70% or higher on both tests to be eligible for the requested grade placement. I will abide by the final decision of the campus administrator.

Parent signature: _____ Date: _____

Student signature: _____ Date: _____

Principal signature: _____ Date: _____

All signatures are required.