

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Associate Superintendent, Educational Services

BULLETIN NO. BUL-721  
December 17, 2003

ATTACHMENT J

**(LETTERHEAD)**

**REQUEST FOR STANDARDS-BASED PROMOTION  
SCHOOL SITE APPEAL MEETING**

Student Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Track: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

I request a Standards-Based Promotion Appeal meeting for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The appeal meeting will be held at the school site with the Standards-Based Promotion Appeal Team. Every effort will be made to resolve the issue at the school site level.

If the matter is not resolved at the school site level, I understand that I may request a second appeal at the Local District level.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I will need a translator in \_\_\_\_\_ language.

Parents of students with disabilities must appeal the promotion determination through Special Education Process Procedures.

Please return this form to the Principal by \_\_\_\_\_.

**PLACE A COPY IN STUDENT'S RED FOLDER**