

LOS ANGELES UNIFIED SCHOOL DISTRICT
Beyond the Bell Branch

BULLETIN NO. BUL-721
December 17, 2003

ATTACHMENT L

(LETTERHEAD)

**REQUEST FOR STANDARD-BASED PROMOTION
LOCAL DISTRICT LEVEL APPEAL MEETING**

Student Name: _____

Date of Birth: _____ Grade: _____ Track: _____

Parent/Guardian Name: _____ Phone: _____

Home Address: _____

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

(Signature of Parent/Guardian) Date: _____

I will need a translator in _____ language.

The Local District Superintendent or designee will contact the parent(s)/guardian(s) with the date, time, and location for the Standards-Based Promotion Local District Appeal Meeting. I further understand that the decision at the Local District level is final.

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

Please return this form to the school principal within ten days.

PLACE A COPY IN STUDENT'S RED FOLDER