



Irvine Unified School District  
Grade Level Adjustment Parent Request Form

School Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Grade Level Requested: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade Level Assigned: \_\_\_\_\_

Reason for Grade Level Adjustment Consideration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

*Please attach a sealed, official transcript from previous school of attendance.*

Contact information:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_