



Livermore Valley Joint Unified School District Mathematics Placement Appeal Form

Date _____

Student's Name: _____ Grade _____

School: _____ Math Teacher: _____

Current Math Course: _____

I am requesting that my child be placed in _____
(Name of Math Class)

Please describe the reasons why your child should be placed in the class you are requesting.

***Please submit this form to the principal of the LVJUSD
school your student will be attending in the fall.***