

Saddleback High School

Grade Check Request Form

Name _____ ID# _____ Grade _____

Per _____ Class _____ pass fail A B C D F CIT Teacher
Signature & Comments

	pass	fail	A	B	C	D	F	CIT	Teacher
1									
2									
3									
4									
5									
6									

Additional comments: _____

Students must fill out form completely in ink before handing to teacher

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