Bellaire High School
Request for Retake
Form 2017-2018

Student Name: ___________________________ Grade Level: ______

Teacher: _________________ Subject: _______________ Period: _____

Date of failure notification: ________ Grade on original test: ______

Date of retake request: _____________________________________

Retake date: ______________________________________________
Retake location: __________________________________________
Retake time: _____________________________________________

All of the following will be required before the retake is given:

☐ Attend at least one tutorial

☐ Submit all missing work for the grading cycle

☐ Test corrections completed

Actions to be taken to avoid future retest: ______________________

________________________________________________________

________________________________________________________

Teacher Signature_________________________________________ Date________

Student Signature________________________________________ Date________

Parent Signature________________________________________ Date________