Bellaire High School
Request for Retake
Form 2018-2019

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____________