**Lowrance ~ LITERACY**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QUIZ or TEST RETAKE REQUEST**

**Look on PowerSchool to locate the following information.**

**DATE ORIGINAL QUIZ OR TEST WAS TAKEN: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**ORIGINAL QUIZ OR TEST SCORE: \_\_\_\_\_\_\_ Percentage Grade \_\_\_\_\_\_\_ Letter Grade**

**SELECT A DATE YOU WOULD LIKE TO STAY AFTER SCHOOL TO RETAKE THE QUIZ OR TEST. (You need to select a date that is at least one day after you return the signed request form to Mrs. Lowrance.)**

**DATE SELECTED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REMINDERS:**

The quiz or test retakes will cover the same skills as the original but may contain completely different questions.

If you are a bus rider, there is a late bus on only Tuesday, Wednesday and Thursday.

If you need to change the retake date, let Mrs. Lowrance know as soon as possible.

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**Parent/Guardian:**

**Please sign below to indicate that your child has discussed their retake request with you, and that you are aware of the date they have chosen to stay after school to retake their quiz or test.**

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**Parent/Guardian Signature Parent/Guardian Name Printed**