Los Angeles Unifies School District
South Gate High School

APPOINTMENT
Day:_____Date_____

Time: _____

PARENT CONCERN

To: German Cerda, Principal Date: _____

Father's Name: _____ Work Ph. # _____

Mother's Name:_____ Work Ph. # _____

Student's Name:_____ DOB:_____ Grade:_____

Home Phone# (323) _____Cell # ( ) _____

Nature of concern:

☐ Academics ☐ Attendance ☐ Discipline ☐Safety ☐ Teacher ☐Other _____

Describe Concern: _____
(may use a separate sheet to continue)

ACTIONS TAKEN

Routed to: ☐ J. Ramos ☐ E. Mitchell ☐ J. Mack ☐ J. DiLeva ☐ G. Llamas

☐ L. Corona-MS ☐ D. Gallardo- PA ☐ J. Knight – IS ☐ E. Kodama – BU

☐ J. Nguyen – HU ☐ T. Quezada – HS ☐ H. Sanchez – CM ☐ B. Slocovich – LG

☐ Dean ☐ Other_____ _____

☐ District 6 Operations ☐ Secondary Schools' Director ☐ Dist. 6 Superintendent ☐ Office of Risk Management.