

Parent Consent Form for Retention

School _____ Date _____

Student Retention

As a follow-up to our previous conversation, I (agree) (do not agree*) with the recommendation that _____ be retained in grade _____ for the _____ school year.

Parent/Legal Guardian _____ Date _____

Teacher _____ Date _____

Principal _____ Date _____

Parent/Legal Guardian Statement (use back of page if needed)

*In the event the decision of the principal and the conference office of education is to retain the student without parent/guardian agreement, the parent/guardian may appeal the decision through the conference office of education. A review committee, appointed by the Superintendent of Education, will study the information and make a recommendation. Final decision rests with the school authorities.

c: Superintendent of Education
Principal
Student's cumulative folder