STUDENT RETENTION AND PROMOTION
PARENTAL RETENTION ACKNOWLEDGMENT

As the parent/guardian of _____, I agree / do not agree (circle one)
(student name)
with the decision to retain for the next academic year in grade_____.
The decision was made during a conference held on_____ .
The recommendation of retention was made after school personnel had considered the criteria outlined in the retention policy.

Parent/Guardian comments:

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Teacher Date

_____ _____
Signature of Principal Date

Approved: 2-9-04