



GRADE RETENTION

Date: \_\_\_\_\_

I/We \_\_\_\_\_, do not agree with \_\_\_\_\_'s
(PARENT/CAREGIVER) full name - please print (NAME OF SCHOOL)

placement of my/our child, \_\_\_\_\_, \_\_\_\_\_, into Grade \_\_\_\_\_.
(FULL NAME) DATE OF BIRTH: (M/D/YYYY) (GRADE)

The professional staff at \_\_\_\_\_ School have shared with me/us their
(SCHOOL)

concerns and possible long-term issues associated with grade retention, but I/we insist that my/our

child, \_\_\_\_\_, be retained in Grade \_\_\_\_\_ for the 20\_\_\_\_ school
(NAME) (GRADE) (YEAR)
year.

Signature of Parent/Caregiver

Date

Signature of Parent/Caregiver

Date

Signature of Principal

Date

Signature of Superintendent of Schools

Date

Signature of Director of Education

Date

\*A copy of this letter will be uploaded to Clevr and the original filed in the student's cumulative folder.