



IRVINE UNIFIED SCHOOL DISTRICT

RETENTION PARENT CONSENT FORM

School Name _____

Student's Name _____

Date _____

Teacher's Name _____

Grade _____

Retention Requested by: _____

Reason for retention consideration: _____

Recommendation:

The school staff **recommends** that _____ be retained at _____ grade level for the _____ school year.

The school staff **does not** recommend that _____ be retained at _____ grade level for the _____ school year.

Principal _____

Date _____

Teacher _____

Date _____

Specialist _____

Date _____

We have met with the school staff and have discussed the implications of retention.

We **agree** with the school staff recommendation.

We **do not agree** with the school staff recommendation and request that _____ be placed in _____ grade for the _____ school year.

Parent _____

Date _____

Parent _____

Date _____