



BARSTOW UNIFIED SCHOOL DISTRICT

Recommendation for Retention

Date of Notice: _____

Student Name _____ Student Grade _____

School _____ Teacher _____

We (I) have been informed that our (my) child is not working at an adequate level for promotion and that retention has been advised for the _____ school year.

PARENT ACCEPTANCE STATEMENT

We (I) accept the recommendation of the teacher and principal, and request that our (my) child remain in Grade _____ for the _____ school year.

Printed Name and Signature of Parent/Guardian Date _____

PARENT REJECTION STATEMENT

(Per Board Policy and Administrative Regulation 5123, Parent Rejections must be submitted to the School Principal within 10 days of receipt of the Notice for Recommendation for Retention)

We (I) fully understand the problems which our (my) child may meet in the next grade and the reasons given for recommending retention. We (I) DO NOT want our (my) child retained in Grade _____ for the _____ school year.

Printed Name and Signature of Parent/Guardian Date _____

Administrative Review _____ Date _____
Principal's Signature

(For Parent Rejection's, a copy of this form must be forwarded to Educational Services Department within ten (10) days from date the Parent/Guardian signs the form.)