



# 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 \_\_\_\_\_