

GALLIPOLIS CITY SCHOOL DISTRICT
SAMPLE OF PARENT CONSENT FORM
for Retention in Grades K - 6

Student Name _____ School _____

Following previous conversations concerning the recommendation that this student be retained in grade _____ for the _____ school year,

I agree don't agree _____
Teacher Date

I agree don't agree _____
Parent/Guardian Date

I agree don't agree _____
Principal Date

In the event that the principal decides to retain a student without parent/guardian agreement, the parent/guardian may place a written response in the student's cumulative record. The final decision rests with the school authorities.

Parent/Guardian Statement: (Attach additional information if necessary.)

Copies to: Principal
Parent/Guardian
Student Record
Superintendent

[Adoption date: April 17, 2002]