

Woodridge Local School District

DENIAL OF RECOMMENDED RETENTION

Date _____

I, the parent of _____, was made fully aware that it is the recommendation of _____ administration and classroom teacher that my child, _____, be retained in the _____ grade for the _____ school year.

I am fully aware that the school is recommending this retention. However, I do not want my child to be retained. In consideration thereof, I will not hold the school responsible for assignment to the following grade and I will take full responsibility for my child being assigned to the _____ grade level for the _____ school year, despite that the school has recommended the retention.

Parent Signature

Date

Administrator

Date

Classroom Teacher

Date