

Woodridge Local School District

PARENT RECOMMENDATION FOR RETENTION

Date _____

I, the parent of _____ recommend my child
 _____ be retained in the _____ grade for the _____
 school year.

I am fully aware that the school is not recommending this retention. However, I want my child retained. In consideration thereof, I will not hold the school responsible for the retention and I will take full responsibility for retaining my child in the _____ grade level for the _____ school year, despite that the school has recommended against the retention.

Parent Signature_____
Date_____
Administrator_____
Date_____
Classroom Teacher_____
Date