

DOUGLAS COUNTY SCHOOL DISTRICT

**PARENT DISAGREEMENT WITH RETENTION RECOMMENDATION
Grades Kindergarten through Six**

Your son/daughter _____ has been recommended for retention.

It is at your insistence that the above-named student is not being retained. As his/her parent, you disagree with the retention recommendation being made by your child's teacher and principal.

Your rejection of the retention will be honored at this time. Please sign in the appropriate spaces below so that there will be written evidence that a retention recommendation has been made to you and that you have disagreed with said recommendation.

Parents' Signature: _____ Date: _____

_____ Date: _____

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____