

Agreement To Continue In Kindergarten

Name of student: _____

TK or Kindergarten attendance anniversary date: _____

(Instructional start date of next school year)

Instructions: Complete the form at the time of enrollment into TK for kindergarten-aged students. For kindergarten students to be retained in the following year, complete the form by the end of the current school year. Kindergarten students who have previously attended TK are not eligible for retention.

Information for Parent/Guardian: California law provides that after a child has been lawfully admitted to kindergarten and has attended for a year, the child shall be promoted to the first grade unless the school district and the child's parent/guardian agree to the child's continuing in kindergarten for not longer than one additional year. This rule applies whether a child begins kindergarten at the beginning of a school year or at some later date, so that a child who begins kindergarten in January, for example, shall be promoted the following January unless it is formally agreed that he/she shall continue in kindergarten. Because kindergarten-age children often do not develop at steady or predictable rates, the California Department of Education recommends that approval to continue in kindergarten not be given until near the anniversary of a child's admittance to kindergarten.

Please mark one:

_____ I agree that my child (named above) shall be placed in TK. I acknowledge that my child is kindergarten age and will be required to attend kindergarten the following school year.

_____ I agree that my child (named above) shall continue in kindergarten until the first instructional day of next school year, not to exceed one year beyond the anniversary date.

Signature of Parent/Guardian: _____

Printed/typed name of Parent/Guardian: _____ Date: _____

For Office Use Only:

Request Approved

Request Denied

School Official Name: _____

School Official Signature: _____ Date: _____

Agreement To Continue In Kindergarten

Name of student: _____

Kindergarten attendance anniversary date: _____

Name of school official approving for district: _____

Information for Parent/Guardian

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I agree that my child (named above) shall continue in kindergarten until (date) - may not be more than one year beyond anniversary.

Signature of Parent/Guardian: _____

Printed/typed name of Parent/Guardian: _____ Date: _____

Address: _____

Telephone number: _____