



SNOQUALMIE VALLEY

SCHOOL DISTRICT

Grade Retention Request Form

This form must be submitted to your child's principal no later than May 1 of the current academic school year.

Submission of this form begins the formal review process but does not guarantee approval of the request.

Student Information

Full Name: _____

Date of Birth: _____ Current Grade: select Current School: select

Current Teacher: _____

Parent/Guardian Information

Full Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Retention Information

Grade level to be repeated: select

Briefly describe your reason(s) for requesting grade retention (attach additional pages if needed).

Have you discussed your concerns with your child's teacher or other staff? Yes No

If yes, briefly summarize the discussion.

Parent/Guardian Signature

By signing below, I formally request consideration for grade retention for my child. I understand that this request initiates a review process involving school staff, and that the final decision will be based on a review of current and historical school records and the Light's Retention Scale.

Signature: _____ Date: _____

Office Use Only

Principal Name: _____ Date Received: _____