

STUDENTS

CENTRAL UNIFIED SCHOOL DISTRICT

Agreement to Continue in Kindergarten

 Name of Student

 Kindergarten attendance anniversary date

 Name of school official approving for district

 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 an 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 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.

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

 Date

 Printed/typed name of Parent/Guardian

 Address

 Telephone number

Exhibit approved: 5/26/98

Exhibit revised: 5/25/99; 6/08/01

STUDENTS

CENTRAL UNIFIED SCHOOL DISTRICT

Retention Notification Form

Student Name: _____

Grade: _____

Age: _____

School: _____

After careful review of the school performance and assessment data of the above student, we are retaining him/her for an additional year in _____ grade for the _____ school year.

Teacher's Signature

Date

I have been notified of the retention of my child and agree _____ disagree _____

I have been notified of my right to appeal this decision. I plan _____ do not plan _____ to appeal this decision. I understand this request must be in writing within 10 school days of the Student Study Team meeting. I understand I must show proof of why this decision should be repealed.

Parent's Signature

Date

Exhibit approved: 5/26/98

Exhibit revised: 7/27/99

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CENTRAL UNIFIED SCHOOL DISTRICT

Parent Agreement/Refusal for Retention
(To be completed with E 5123-2 Retention Notification Form)

I, _____ understand that my child _____
(Parent/Guardian's Name) (Student's Name)

will be retained for the _____ school year. I understand that he/she will be placed in
grade _____ during the _____ school year.

Parent/Guardian's Signature

Date

Teacher's Signature

Date

Principal's Signature

Date

PARENT REFUSAL FOR RETENTION

I, _____ do not want my child to be retained
(Parent/Guardian's Name)

for the _____ school year.

The teacher has informed me that they feel it is in my child's best interest to be retained.

Being informed of this, I am rejecting this recommendation. It is my understanding that my

child, _____ will be placed in grade _____ during
(Student's Name)

the _____ school year.

Parent/Guardian's Signature

Date

Teacher's Signature

Date

Principal's Signature

Date

Exhibit approved: 5/26/98
Exhibit revised: 5/25/99; 4/03/00

STUDENTS

CENTRAL UNIFIED SCHOOL DISTRICT

Parent Permission For Retention
(Current School Year)

I, _____ am requesting that my child, _____,
(Parent/Guardian) (Student's Name)

return to _____ grade effective as of _____, for the remainder of the _____
school year. I feel that this is in my child's best interest.

Parent/Guardian's Signature

Date

_____ I decline the recommendation of the site Student Study Team to promote my child.

Parent/Guardian's Signature

Date

cc: Cum Folder
Parent

Exhibit approved: 5/26/98

Exhibit revised: 5/25/99

STUDENTS

CENTRAL UNIFIED SCHOOL DISTRICT

After School Tutorial/Summer School Intervention Referral Form

Student Name: _____

Grade: _____

School: _____

After careful review of the above student's classroom performance and assessments of Grade Level Standards, it is recommended that _____ attend the program(s) listed below for remediation of academic deficiencies.

_____ After School Tutorial: From: _____ to _____
(Dates)

and/or

_____ Summer School Intervention: From: _____ to _____
(Dates)

Teacher Signature

Date

Principal's Signature

Date

Please sign and return this bottom portion to your child's teacher.

I have been notified that my child _____ is referred to the above program(s) for remediation of academic deficiencies. I plan _____ do not plan _____ to send my child to the above program(s).

Parent Signature

Date

Exhibit approved: 7/27/99

STUDENTS

CENTRAL UNIFIED SCHOOL DISTRICT

Parent Notification Form Recommendation for Retention
Student Study Team Meeting

Student Name: _____

Grade: _____

School: _____

A Student Team Meeting has been scheduled for

_____, _____ at _____ in _____ to review your
(Day) (Date) (Time) (Room #)

child's classroom performance and Assessments of Grade Level Standards, and discuss a
recommendation that _____ be retained
(Student's Name)

in _____ grade for the _____ school year.

If you are unable to attend this meeting, please call the school office prior to the above date.

Exhibit approved: 7/27/99