SCHOOL DISTRICT OF MENOMONEE FALLS
PARENT REQUEST TO PROMOTE

Re: _____ School: _____
Name of Student

Based on a careful analysis of the needs of this child, and the decision of the current principal, teacher, and school student support team, it is determined that he/she be **retained** in the _____ grade for the 20____-____ school year.

It is acknowledged that the undersigned parent/guardian objects to the decision to retain.

The attached educational intervention plan has been prepared detailing processes and strategies designed to help your child develop the necessary skills to be successful when he/she repeats the above grade.

_____ _____
Principal's Signature *Date*

_____ _____
Current Teacher's Signature (K-5 only) *Date*

_____ _____
New Teacher's Signature (K-5 only) *Date*

_____ _____
Additional Team Member Signature and Title) *Date*

**********I have had the opportunity to meet with teaching and administrative staff to discuss my child's status with regard to placement for the coming school year. **I do not agree with the decision to retain my child** in Grade ____. The school teaching and administrative staff have decided to retain my child despite my objections.

_____ _____
Parent/Guardian Signature Date

PLEASE RETURN TO THE SCHOOL PRINCIPAL
(Forward a copy to the Office of Teaching, Learning & Assessment)

Appeals may be filed with the Office of the Director of Teaching, Learning and Assessment using Retention/Promotion Appeal Form - Policy 345.55 Exhibit G