FORT DODGE COMMUNITY SCHOOL DISTRICT
RETENTION FORM

Date: ____________________

Dear __________________________________________ (Parent/guardian Name)

After careful consideration of your child's academic, social, and emotional growth and development, it is the school's recommendation that _________________________ be retained in _________________ grade for the _________________ school year. The possibility of such action was discussed with you on the following dates: ____________________.

If there are extenuating circumstances that you the parent believe are pertinent to your student, a meeting with the Board should be scheduled to decide the issue.

Sincerely,

Principal

Student's Name: ________________________________