

**CLOVIS UNIFIED  
SCHOOL DISTRICT**

**STUDENTS**

Reporting Student Progress

**PROGRESS REPORTING, PROMOTION, ACCELERATION, AND RETENTION**

**APPEAL OF DISTRICT'S RETENTION DECISION FORM**

The Appeal of District's Retention Decision Form is set forth on the following page and shall be used in accordance with Board Policy and Administrative Regulation No. 5123.

Adopted: 04/06/2021

Doc# 51174-3 (06/2021, None)



**EXHIBIT NO. 5123(4)**

**APPEAL OF DISTRICT'S RETENTION DECISION FORM**

To appeal the District's decision to retain your child in the current grade level for the next school year, please complete and submit this form to the Director of Student Services and School Attendance at 1465 David E. Cook Way, Clovis, CA 93611-0599; (559) 327-9200; Fax (559) 327-9222. **This form must be submitted in accordance with the process and timeline in Administrative Regulation No. 5123, which requires that the appeal be submitted within 5 business days of the date of the District's notification of its final retention decision.** Please also review Board Policy No. 5123 regarding student progress reporting, promotion, acceleration, and retention.

Student's Name:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

Current Grade Level:\_\_\_\_\_ School Attending:\_\_\_\_\_ SID#/School ID:\_\_\_\_\_

Parent/Guardian Name (please print):\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State: \_\_\_\_\_ Zip Code:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

1. I/We appeal the District's decision to retain my/our child in the current grade level for the following reasons *(state reasons and provide documentation if applicable; if extra spaces are needed, attach page(s))*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Our/My child receives special education services pursuant to an IEP: No\_\_\_ Yes\_\_\_  
If yes, date of IEP\_\_\_ and \_\_\_\_\_ classification (RSP, SED, SDC, etc.).
3. I/We request an opportunity to personally present our rationale before the District's ad hoc committee that is responsible for reviewing this appeal: \_\_\_ Yes \_\_\_ No

Parent/Guardian Signature:\_\_\_\_\_ Date\_\_\_\_\_

Print Name:\_\_\_\_\_

**TO BE COMPLETED BY SSSA:**

Date Appeal Received:\_\_\_\_\_

Committee's Decision (*attach decision*): \_\_\_ Affirm the decision to retain the student in the current grade level  
\_\_\_ Reverse the decision to retain the student in the current grade level; the student will be promoted to the next grade level

Date Parents/Guardians Notified of Decision:\_\_\_\_\_

Administrator Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Print Name:\_\_\_\_\_