

**CLOVIS UNIFIED  
SCHOOL DISTRICT****STUDENTS**

Reporting Student Progress

**PROGRESS REPORTING, PROMOTION, ACCELERATION, AND RETENTION****VOLUNTARY RETENTION APPLICATION AND APPEAL FORM**

The Voluntary Retention Application and Appeal Form is set forth on the following pages and shall be used in accordance with Board Policy and Administrative Regulation No. 5123.

Reviewed: 05/18/2011

Amended: 04/06/2021 (EXH 3401(PR-3) renumbered as EXH 5123(5))

Doc# 47441-13 (06/2021, None)



**EXHIBIT NO. 5123(5)**

**VOLUNTARY RETENTION APPLICATION AND APPEAL FORM**

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

Grade Replacement Request: \_\_\_\_\_ School Last Attended: \_\_\_\_\_ SID#/School ID: \_\_\_\_\_

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

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

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

**A. REQUEST FOR CHILD TO BE RETAINED AND REMAIN IN CURRENT GRADE FOR NEXT SCHOOL YEAR: To request that your child be retained and remain in the current grade for the next school year, please complete the information requested below and submit this form to the site principal by the first Monday in May. Retention is not available for high school (grades 9-12) students.**

1. I/We request that my child be voluntarily retained for the 20\_\_\_\_ - 20\_\_\_\_ school year. I/we reside in the approved attendance boundary of the following school: \_\_\_\_\_.
2. I/We understand that my child has six semesters of eligibility to participate in sports during 4, 5, and 6 grades. Eligibility begins in the fall of grade 4 and runs consecutively for the next six semesters. If our/my child is retained, he/she will exhaust all six semesters before 6th grade and will not be eligible to participate. (Board Policy and Administrative Regulation No. 6145 – Co-Curricular and Extra-Curricular Activities)
3. My child receives special education services pursuant to an IEP: No\_\_\_\_ Yes\_\_\_\_  
If yes, date of IEP \_\_\_\_\_ and \_\_\_\_\_ classification (RSP, SED, SDC, etc.).
4. The parent/guardian must provide evidence that compelling academic, social-emotional, psychological, or personal reasons exist that will substantively compromise the student's ability to perform grade level work (see AR 5123). Please review BP 5123 - Progress Reporting, Promotion, Acceleration, and Retention.

Reason for requesting voluntary retention for my child (*check all that apply and attach supporting documents*):

- \_\_\_\_ a. Failing Academic Performance – Attach last report card
- \_\_\_\_ b. Excessive Discipline Problems – List the number of suspensions \_\_\_\_\_
- \_\_\_\_ c. Health concerns that limit participation in school activities (*please provide a brief explanation*)
- \_\_\_\_ d. Other reason for voluntary retention (*attach a letter*)

The above criteria will be considered to determine approval or denial. Parent/guardian must attach all appropriate documentation of criteria checked.

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

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

**TO BE COMPLETED BY SCHOOL SITE:**

**Application:** Date Application Received: \_\_\_\_\_

Decision (*attach decision*): \_\_\_\_ Approve \_\_\_\_ Deny

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

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**B. APPEAL OF DENIAL OF REQUEST FOR CHILD TO BE RETAINED: If an application for a student to be retained is denied, parents/guardians may appeal the denial** by completing the information requested below and submitting this form, a copy of this form as previously submitted to the site principal with Part A completed, and any supporting documents 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.

1. I/We appeal the District's decision not to retain my/our child in the current grade level for the following reasons (*provide new or additional reasons that were not previously stated in the application and provide documentation if applicable; if extra spaces are needed, attach page(s)*):

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2. 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:**

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

Decision (*attach decision*): ☐ Approve ☐ Deny

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

SSSA Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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