

**Appendix A: IKE-AR  
PARENT/GUARDIAN REQUEST  
RETENTION/DOUBLE PROMOTION CONSIDERATION**

Student's name \_\_\_\_\_  
Teacher's name \_\_\_\_\_  
Grade \_\_\_\_\_

**Check only ONE statement:**

\_\_\_\_\_ I/We request that the school consider retention of my/our child in grade \_\_\_\_\_  
for the \_\_\_\_\_ - \_\_\_\_\_ school year.

\_\_\_\_\_ I/We request that the school consider double promotion of my/our child to  
grade \_\_\_\_\_ for the \_\_\_\_\_ - \_\_\_\_\_ school year.

**I/we make this request for the following reason(s):**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

***Please return this form to your child's teacher.***