



JCS-Inc. Form

## Grade Level Change Consent Form

Student Name:	_____	Student Number:	_____
Teacher Name:	_____	Teacher Number:	_____
Current Grade:	_____	Suggested Grade:	_____
Birth Date:	_____	Entry Date:	_____
Concern Report: (Y/N)	_____	MAP Reading:	_____
Other Scores:	_____	MAP Math:	_____

Reason(s) for change:

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Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Teacher/Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

JCS Leadership Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Decision: \_\_\_\_\_

This form is part of the acceleration/retention process for K-8; provide form and documentation to Principal/Director.



**Central Office**  
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www.jcs-inc.org

## **EMPOWERING LEARNERS FOR 20 YEARS**

JCS-Cedar Cove JCS LIVE JCS-Manzanita JCS-Mountain Oaks JCS-Pine Hills JCS-Pine Valley

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[Parent Name]  
[Address]

Re: [Student Name]

Dear [Parent's name],

Thank you for providing us with information regarding your child's progress. It is our continuing pleasure to support you and your child and to be part of your child's education.

Retaining or accelerating a student is a rare occurrence and may only be requested within two weeks following the end of a semester. We do not encourage grade accelerations and retentions, but understand that in some cases they may be necessary for certain students. The Education Leadership Team at JCS, Inc. review each retention and acceleration on an individual basis to ensure that there is careful consideration when making these decisions.

The Educational Leadership Team has met and thoroughly reviewed all submitted documentation including formal and informal assessment scores, work samples, grades, Safety Net and Student Study Team meeting notes, anecdotal information provided by the teacher and parent, and any other supporting evidence provided to the team. The decision of the team is to approve/deny the retention/acceleration of student name for the upcoming school year. These decisions are given careful consideration and we sincerely hope that your student finds success.

If you have any further questions regarding the decision or the process, please do not hesitate to contact your Educational Facilitator.

Sincerely,

Principal/Director  
Name of JCS Charter School



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## Kindergarten Continuance Agreement Form

### PROMOTION/ACCELERATION/RETENTION

The law requires that both the School and the student's parent/guardian must be in agreement that it is beneficial for the student to continue in kindergarten for not more than one additional year. A continuance agreement is required to be signed and dated by the parent near the admission anniversary date AND cannot exceed one year beyond the anniversary date.

#### **Agreement to Continue Pupil in Kindergarten**

Reflects amendments to Education Code sections 46300 and 48011, effective January 1, 1992.

Name of pupil: \_\_\_\_\_

Kindergarten attendance anniversary date: \_\_\_\_\_

Name of school official approving for district: \_\_\_\_\_

Signature of Educational Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Information for Parent or Guardian:**

California law provides that after a child has been lawfully admitted to a kindergarten and has attended for a year, the child shall be promoted to the first grade unless the school and the child's parent/guardian agree to having the child continue to attend kindergarten for not longer than one additional year. This rule applies whether a child begins kindergarten at the beginning of a school year or at some later date, so that a child who begins kindergarten in January, for example, shall be promoted the following January unless there is formal agreement to having him or her continue. Because kindergarten age children often do not develop at steady or predictable rates, the California Department of Education recommends that approval for a child to continue not be given until near the anniversary of a child's admittance to kindergarten.

\_\_\_\_\_  
I agree to having my child (named above) continue in kindergarten until \_\_\_\_\_ (date) (may not be more than one year beyond anniversary).

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

Printed/typed name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

This form is state pre-approved for use. Any alternate forms must be approved by CDE.