

MORRISVILLE BOROUGH SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: APRIL 26, 2017

REVISED:

215-AR-6. PARENTAL RESPONSE FORM

Student's Name _____

School _____ Grade _____

Parent/Guardian _____

Teacher(s) _____

Principal _____

I (agree) (do not agree) with the recommendation that

_____ be retained

in grade _____ for the _____ school year.

Signature _____ Date _____

Comments: