

TEXICO CONFERENCE
Department of Education

APPLICATION FOR RETENTION

NAME OF STUDENT _____ SCHOOL _____ DATE _____

PRESENT GRADE _____ RECOMMENDED GRADE _____

JUSTIFICATION FOR RECOMMENDATION (CRYPTIC REMARKS):

CHRONOLOGICAL AGE _____

SPIRITUAL EXPERIENCE _____

ACADEMIC ACHIEVEMENT _____

CLASSROOM PERFORMANCE _____

EXTERNAL EXAMINATION(S) TEST _____ SCORE/RANK _____
TEST _____ SCORE/RANK _____

EMOTIONAL STABILITY _____

PHYSICAL CONSTITUTION _____

SOCIAL ADJUSTMENT _____

PROCEDURE

(APPROVAL)

(NO APPROVAL)

TEACHER, PARENTS, PRINCIPAL CONFER/
APPROVE

TEACHER, PARENTS CONFER/NO APPROVAL

SIGNATURES:

SIGNATURES:

TEACHER _____ DATE _____

PARENT _____ DATE _____

PARENT _____ DATE _____

PARENT _____ DATE _____

PARENT _____ DATE _____

END/FILE REPORT

PRINCIPAL _____ DATE _____

PRINCIPAL FORWARDS RECOMMENDATION TO CONFERENCE DEPARTMENT OF EDUCATION
ON _____ (DATE).

ACTION OF CONFERENCE DEPARTMENT OF EDUCATION:

CONF SUPERINTENDENT OF EDUCATION _____ DATE _____

PRINCIPAL NOTIFIED OF ACTION ON _____