**South Carolina Child Early Reading Development and Education Program (CERDEP)**

**Student Retention Waiver Request**

|  |  |
| --- | --- |
| Child’s Legal Name: |  |
| Date of Birth: |  |
| Parent or Legal Guardian: |  |
| Parent/Guardian Phone Number: |  |
| District Name: |  |
| District Address: |  |
| District Phone Number: |  |
| District Early Childhood Coordinator: |  |
| School Name: |  |
| Principal’s Name: |  |

The signatures below indicate a team decision to formally request a waiver for the student retention policy set forth by the Read to Succeed Act and CERDEP guidelines. The team decision should include the student’s family, school administration, current teacher, early childhood coordinator, and medical provider. This waiver request must be accompanied by multiple forms of detailed documentation from the current teacher, parents(s)/guardian(s), and/or medical provider documenting the child is deemed unable to advance to kindergarten for developmental or other reasons. Please submit the request to Wendy Burgess at [wburgess@ed.sc.gov](mailto:wburgess@ed.sc.gov).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Principal Signature

---------------------------------------------------------------------------------------------------------------------

(For Office Use Only)

Based on a careful review of the documentation provided, the waiver request has been:

Approved

Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date