



CLASS ASSIGNMENT REQUEST FORM

Name of child: _____

My child will be in the _____ grade for the 200__ - 200__ school year

Requested Teacher:

1st Choice _____

2nd Choice _____

3rd Choice _____

Reason(s) For My Request:

Parent Signature: _____

Date of Signature: _____

NOTE TO PARENTS

All requests turned in to the school office on or before **April 30th** will be given equal consideration. We will do our best to accommodate you, but please be aware that there can be *NO GUARANTEE* that your request will be granted. A great deal of planning and thought, on the part of our teaching staff and administration, goes into creating balanced classroom environments that maximize student success.