

NON-TEACHER REQUEST FORM

Student's Name: _____

Person Making the Request: _____

Relationship to Student: _____

_____ (Initial) Student must be present the first day of school for non-teacher request to be honored.

I am requesting that _____ who will be in the _____ grade next year NOT be assigned to the following classroom:

Teacher: _____

Reason: _____

****Only one non-request can be made for each student****

****Please read and sign****

I understand that every effort will be made to honor this request. I also understand that priority must be given to the areas listed in the school assignment policy. The final decision concerning this request will be made by the Upper Elementary Principal.

Signature of Parent

Date