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