

Specific Teacher Request Form

2018-19 School Year

Wapato School District Elementary Schools

This form is only for specific teacher requests in classroom.

For guaranteed consideration this **Specific Teacher Request Form** must be returned to the district office *by 3:30 P.M. on Monday, May 21, 2018.*

Student Name: _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>			
Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian			Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
Current school _____	Current grade _____	Current classroom teacher _____			
Parent Name: _____			Phone # _____		
Address: _____			Message Phone _____		
List names of brothers or sisters attending Wapato Schools:					
<u>Name</u>	<u>Grade</u>	<u>School</u>	<u>Name</u>	<u>Grade</u>	<u>School</u>
1) _____			3) _____		
2) _____			4) _____		

I request my child be placed with _____ for the 2018-19 School Year.
(one teacher only)

I request my child not be placed with _____ for the 2018-19 School Year.
(one teacher only)

Please explain the reason for your request (required):

I understand there is no guarantee this request will honored as there are many variables that affect student placement within classrooms and schools. The school district administration has the final decision for the placement of students.

Parent signature: _____ Date: _____

You will be notified on the status of this application as soon as possible.

Office use only
Date received: _____ Time: _____
School official signature: _____