

Special Placement Request

Student Name: _____ Date of Request: _____

Grade the student will be in next year: **K** **1st** **2nd** **3rd** **4th**

Name of Person Completing This Request: _____

Relationship to Student: _____ Phone Number: _(_____)_____

Please check the reason for this special request:

_____ Past conflict with a teacher at this grade level

_____ Placement away from a peer they have had concerns with in the past

_____ Special Needs

_____ Do not want your child to "loop" with a teacher

_____ Other

Please do not request a specific teacher. We ask that you only request placement with a certain type of teaching personality or style. We will consider requests not to place with a specific teacher if a specific reasonable reason is given. We ask that you tell us what it is about your child that you feel a special request needs to be considered. **Please return to the DVES Office by April 15th.** Thanks.

Please explain in detail your reason for this special request: _____

Parent Signature _____ Date _____

*FILLING OUT THIS REQUEST **IS NOT** A GUARANTEE YOUR REQUEST WILL BE HONORED*

For office use only: Date returned _____ () request recorded in database
() forwarded to principal () request approved () request denied

Principal Signature _____ Date _____