



# Student Placement Request

It is important that students learn to work and socialize in environments of diversity. This prepares students for life in the 21<sup>st</sup> century and allows individual talents to shine. Teachers get to know their students very well during the course of a school year and consider each and every student as an individual and as part of the school community when considering class placement for students.

Parents and guardians understandably want to ensure that their child is placed in the best possible learning environment. If there is information that the current classroom teacher and/or the principal does not have and should consider when placing your child, please complete this form. Please complete only the applicable lines, and then rank the priority in the boxes on the left with 1 being the most important to you and 4 the least important. **PLEASE DO NOT REQUEST THAT YOUR CHILD WANTS OR DOES NOT WANT A SPECIFIC TEACHER.** If a request of this nature is made, the form will be considered null and void, and it will be returned to you.

In order to have your input considered for placement, this form must be returned to Ms. Hudson ([chudson@sd44.ca](mailto:chudson@sd44.ca)) by May 12th.

Please be mindful that this form will be shared with the classroom teacher and other staff members that your child has worked with.

Student Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Name of Current Teacher: \_\_\_\_\_

My child's academic / learning needs are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My child's emotional needs are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My child's social needs are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other concerns that should be considered are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Submitting this form electronically signifies parental approval.**

For Office Use Only

Date Received: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of Office Recipient