

PORT TOWNSEND SCHOOL DISTRICT NO. 50

PARENTAL INPUT FOR STUDENT ASSIGNMENT

This form is to be used by parents and guardians who wish to provide additional placement information. The building principal and the grade level team will use this information as described in the Elementary Student Assignment Policy and Procedure.

**This form must be delivered to the building principal by \_\_\_\_\_**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade Next Fall: \_\_\_\_\_

Current Teacher \_\_\_\_\_

Please check the appropriate box below:

A written request or lack of such request will have no effect on the care given to each child's placement.

- I am comfortable with placement decisions made by my child's grade level team.
- My child has professional documented academic, emotional, or behavioral need(s).  
(Please attach description)
- My child has significant educational needs as identified by the parent(s) or guardian(s).  
(Please describe the student's specific learning needs below.)

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- I wish to submit the following regarding the placement of my child for the next year  
(i.e. classroom environment, teacher(s), teaching/learning style, etc.)

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*(Continue on reverse, if needed)*

Signature of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_