



OAKRIDGE PUBLIC SCHOOLS
OAKRIDGE LOWER ELEMENTARY SCHOOL
OAKRIDGE UPPER ELEMENTARY SCHOOL

Student's Name: _____ Current Teacher: _____

Parents/guardians should understand that this request is not a guarantee that your child will be assigned as requested. There are many other factors that must be considered when placing children in particular classrooms. Your child's current teacher takes into account your child's personality and learning style when looking ahead for the best educational experience for your student.

1. Describe any special needs your child may have: _____

2. List any other concerns that may affect placement (for example, a sibling or relative that your child should not be placed in the same classroom):

3. If you are requesting specific teachers, **3 choices must be listed and a reason listed why you are requesting that particular teacher:**

1 _____ 2 _____ 3 _____

Reason for Teacher 1 Request: _____

Reason for Teacher 2 Request: _____

Reason for Teacher 3 Request: _____

CLASS LISTS ARE FINAL. THERE ARE NO RE-ARRANGEMENTS

Parents may bring the request to the school office on Monday, May 7th before 4:00 p.m.

Parent/Guardian Signature: _____ Date: _____

Telephone Number (Home) _____ (Cell) _____

Date Received: _____
(office use only)