

STUDENT INFORMATION FORM

Child's Name _____ Current Grade _____

Current Teacher's Name _____

Next Year's Grade (Circle) K 1 2 3 4 5

Please describe the special needs and learning environment that you consider important for your child:

Do not include specific teacher names or classroom numbers on this form. Staff will be reviewing this form to plan for the coming school year.

Date _____ Parent Signature _____

THIS FORM MUST BE RECEIVED NO LATER THAN 3:00 PM on May 11, 2018.