

**Request for Specific Teacher or Class  
Prior to Assignment**

Name of student: \_\_\_\_\_ Present grade: \_\_\_\_\_

Address: \_\_\_\_\_

Requested Class: \_\_\_\_\_

Requested Classroom Teacher: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Disposition:

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved (Reason/s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_