

**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: _____