

Elementary Student Placement Application for Special Consideration

*To be used to share information that should be given special consideration when the school makes classroom placement decisions for students for next fall. All applications will be given full consideration. **Please remember that this form is for special considerations. Please do not request a specific teacher.***

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE BY FRIDAY, MAY 1ST.

Name of Student:

Grade Next Fall:

School:

Name of Parent Completing the Form:

Telephone:

E-mail address:

Date of Application:

If, in your judgment, you have information which should be used as part of the "Special Considerations" process, please check the appropriate box below and please explain in the space provided.

- Student has a disability / handicapping condition.
- Student has a professionally documented academic need(s).
- Student has a professionally diagnosed emotional or behavioral adjustment problem.
- Student has other significant educational needs as identified by parent(s) / guardian.
- Student has other significant social considerations as identified by parent(s) / guardian.
(such as history of persistent conflict with a peer)
- Other:

Explanation: