## **Gene Dillon Elementary Parent Classroom Input Form**

Parents, teachers and administration all play a role in making class assignments. The decision on what classroom to assign our students to is one we take very seriously. There are several factors that will come into play when making this decision. You are invited to participate in this process by filling out this form and submitting it to the office prior to **Monday, May 6th, 2024**. We value your knowledge regarding your child and together we will strive to make the best educational decisions for your child. Please complete a separate form for each of your children. Please express your request with a positive and educationally based description.

Student's Name: _	Student's 2024-25 School Year Grade Level: 4th 5th
Parent/Guardian's	Name: Phone #:
	Please complete all the questions below:
	que educational, emotional and social needs. My child's are:
2.) Please describe the	e teaching style that you feel best meets the individual needs of your child.
We ask that you pleas	e <b>do not</b> request a particular teacher.
3.) Social relationship	considerations: (examples, works especially well with, should be separated from, etc.)
4) 0:1	
4.) Other concerns tha	at should be considered about my child's placement are:
Parent Signature:	Date Completed:
	rm to the Gene Dillon Elementary Office no later than Monday, May 6, 2024 to be considered.
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For Office Use Only:	Submitted prior to Monday, May 6, 2024: Yes No
Tor Office Ose Offiy.	Initials of school staff who received the form: