**Classroom Transition Parent Request Form – Kindergarten to Grade 1 and Grade 3 to Grade 4**

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade student will be entering for the 2019-2020 school year: \_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact telephone/cell number: \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_ Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For your request to be considered, the request form is to be returned to the Main Office by **Thursday,** **April 4, 2019.**

Please provide us with any information that will assist us in placing your child in the environment you believe will enhance your child’s learning style. **Please do not identify the name(s) of specific teachers** **you have in mind or you request will be nullified.**

Sincerely,

Mr. Lewis, Principal