

ABBOTTS HILL CLASS PLACEMENT REQUEST FOR 2009-2010

Student Name: _____

Current grade: _____ **Current** Teacher: _____

Race: _____ Sex: _____

Parent Name: _____

Address: _____

Phone Number: _____

Please describe your child's special needs:
(Examples: separate "best friends"; consider family or personal challenges, etc.)

Describe the classroom environment best suited to meet your child's needs:
(**Please do not request a specific teacher in any way.**)

Parent Signature _____ Date _____

Please put in a sealed envelope and return to Dr. Stabler before April 17.

SCHOOL USE ONLY

Date Received _____ Authorized Signature _____