

Greensburg Elementary School

Teacher Request Form

***** Form must be completely filled out to be considered.**

Date: _____

Student Name: _____
(Last) (First)

Current Teacher: _____ Current Grade: _____

Student Grade Level for 2012-2013: _____

Parent Name: _____

Phone Number: _____

What teachers are you requesting for your child?

***** You must give three choices with valid reason(s) or your request will not be considered.**

Teacher Request	Reason(s)
1st _____	_____ _____ _____
2nd _____	_____ _____ _____
3rd _____	_____ _____ _____

Additional information:

Signature of Parent/Legal Guardian

Date

Received by _____

Date Received _____

Cut-off date for placement consideration is Friday, May 18th