



BUCKEYE

ELEMENTARY SCHOOL DISTRICT #33
A community passionate about student success

Parent Request for Information Under ESEA Parents Right to Know

Dear Parents,

Please complete the form below indicating the information you would like to receive and return the form to the principal's office at your school.

Parent's Name: _____ Phone: _____
If you would like the response emailed to you, please provide your email address here: _____

Student's Name: _____ Grade: _____

Information is being requested on (please check)

Teacher Name: _____

_____ Type of certificate held: _____

_____ Content areas (if applicable): _____

_____ College degree(s) and Major(s): _____

_____ Name of any paraprofessional working with my child, and the qualifications of the paraprofessional(s)

For school office use only:

Date form received: _____

Date completed and returned to parent: _____

A copy of this form should be kept on file in the principal's office.