

Twin/Multiple Placement Form

Parent/Guardian:

Please specify the placement request for your twin/higher multiple children at the time of registration.

Feel free to contact the Building Principal with any questions or concerns regarding placement; he/she will be happy to discuss options with you.

Last Name of Children: _____

First Name: _____ Male ☐ Female ☐

First Name: _____ Male ☐ Female ☐

First Name: _____ Male ☐ Female ☐

Registration for Grade: Select

School Attending: Select

☐ I would like my children to be placed **in the same homeroom**.

☐ I would like my children to be placed **in different homerooms**.

Parent Signature

Date

Parent Signature

Date