English

Placement Request and Recommendations

Elder Grove School District 8
Placement Request and Recommendation

Name of Student: _____ Date of Birth: _____
(mm/dd/yyyy)

Parent or Guardian: _____

Address or Location: _____

Email: _____ Phone: _____

The district will keep a student at the school of origin whenever possible unless it is not what is best for the student or is against the wishes of the parent, guardian, or unaccompanied youth. The student may attend any of the schools listed below.

1. School of origin: _____
2. Last School attended (if known): _____
3. School zone where child lives: _____
4. Other school child may attend: _____

If you do not agree with this placement, you have the right to appeal (ask to change) this decision. Appeals are made to the district liaison named on the first page. You will be given more information and help to appeal. The student will be immediately enrolled in the school requested by the parent, guardian, or unaccompanied youth while the appeal is being considered.

We look forward to having you attend our schools. We want parents to become actively involved in their child's education and in our schools.

Welcome!

© 2017 TransACT Communications, LLC.