

**Parent Request Form
Kindergarten Placement
of
Student Turning Six (6) on or before September 1**

(PARENT/GUARDIAN ONLY)

Parent/Guardian:

Phone:

Date:

Child's Name:

Date of Birth:

Request with reason stated:

Parent Signature: _____

ATTACH OR SHARE COPIES OF DATA TO SUPPORT REQUEST, IF APPROPRIATE

(CAMPUS ONLY)

Date of meeting or phone conference: _____

Request approved

Request denied

Principal Signature: _____