

Parent / Guardian Input for 2024-2025 Classroom Placement

Child's Name _____

I feel my child has the following needs and would like this information taken into consideration when making their classroom placement. I understand this form will be shared with the appropriate staff and that Aldrich administration will make the final placement decision.

(If you are requesting a specific teacher, we will do our best to consider your request, but we cannot guarantee placement.)

Parent/Guardian Signature _____ Date _____