



PINEWOOD ELEMENTARY

11777 Pinewood Drive Delta British Columbia V4E 3E9 Web: pw.deltasd.bc.ca
Phone: 604-590-3357 • Fax: 604-597-4881 • Absentee Phone: 604-597-8557

INFORMATION FOR STUDENT PLACEMENT CONSIDERATION

STUDENT NAME: _____

PRESENT GRADE: _____ **PRESENT TEACHER(S):** _____

I would like to inform the school of the following social, emotional and/or medical needs be kept in mind when considering next year's classroom placement for my child (please attach additional page if needed):

1. _____
2. _____
3. _____

Additional information that may be unknown to the current classroom teacher/school office and which might be useful to consider when placing my child:

SIGNATURE of Parent/Guardian: _____ **Phone:** _____ **Date:** _____

Information on this form will be shared with the current and potential future teachers. **We ask that you do not request to have or not have a specific teacher for your child.** Please understand that the information provided must be considered within the context of the whole school and will be factored in *if possible*.

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE BY FRIDAY, MAY 31, 2019.