



School District of Black River Falls Elementary Homeroom Teacher Request Form

Student Name: _____

Grade Level Fall: _____

Please complete the information below. List up to three teacher requests. **At least three requests are required in order for your request to be considered and allow us to balance classroom assignments.** Parent request should be made on sound educational criteria. Please resist the urging of your child to make requests based upon friends.

Homeroom teacher request _____

Homeroom teacher request _____

Homeroom teacher request _____

Please list any special characteristics that describe your child. This will help us in making the final placement of your child in a particular homeroom.

Parent Signature: _____ Date: _____

It is not always possible to honor requests; we need to equally balance homerooms. If none of your requests can be honored because of this situation, you will be notified.

In the event of a staff resignation or reassignment, your child will remain in the originally assigned homeroom.

This request form must be returned to the Principal no later than

Wednesday, April 1st