LAFAYETTE ELEMENTARY SCHOOL
2009/2010
Student Class Placement Information

Student's Name: _____ Grade: _____

If you are planning to attend Lafayette, we would like to give you an opportunity to give us information that will help us form our classes. Feel free to describe personality style, personal interests, medical conditions, special circumstances, or peer needs that are unique to your child. We will take all information into consideration, although we cannot guarantee particular placement. Please do not name a specific teacher; tell us about your child. If you name a teacher, your input form will not be considered.

About my child ***(continue on back if necessary or on a separate sheet)***

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To guarantee consideration of your input on classroom placement, please return this form by mail or directly to the school by June 5, 2009 for Kindergarten families, and May 15th for grades 1st through 5th.