

STUDENT PLACEMENT/CLASSROOM DESIGNATION

The School District of Weyauwega-Fremont recognizes the importance of partnering with parents/guardians in providing a successful educational process. Active communication between parents/guardians and the District will ensure proper placement of all students. The District will accept input from parents/guardians when determining the classroom placement of students.

Building level administration has the responsibility to provide balance within individual classrooms recognizing factors such as a total enrollment, students' abilities, gender, special education needs, English language learners, and other considerations. The District will develop classroom placement with the intent to create a positive learning environment for all students. In most cases achieving a reasonable balance in each classroom would allow for student placement requests.

Communication between the parents/guardians and the District is essential when placement requests are submitted. Parents/guardians are not required to provide rationale for a student placement request; however this may be helpful in making a student placement that is most acceptable to the family and District.

Administrative Guideline Procedures

Parents/guardians making requests for student placement with a specific teacher will adhere to the following:

1. Requests should be made in writing using the appropriate forms provided by the District.
2. Written requests will be accepted between April 1st and June 1st for the following school year.

When considering parent requests, the District will adhere to the following:

1. Written requests will be date and time stamped to allow for consideration in the order which they were received.
2. Parent/guardians who have submitted requests should be made aware of the status of their request prior to announcing class rosters.
3. The decision of the Principal may be appealed to the District Administrator.
4. The decision of the District Administrator may be appealed to the Board of Education.

APPROVED: November 30, 2009

REVISED: January 24, 2011

RECEIVED BY: _____
(DATE) (TIME)

Request for Specific Teacher or Class

Name of Student: _____ Present Grade: _____

Address: _____ Zip: _____

Requested Class/Teacher: _____

Reason for Request (optional):

Signed: _____ Date: _____
(Parent/Guardian)

Printed Name: _____ Day Phone: _____

For Office Use Only

Approved

Disapproved (Reasons): _____

Signed: _____ Date: _____
(Principal)

School: _____ Parent Notified Date: _____

Copies to: Parent Student File