



**Parent Input Form
Kindergarten 2020-2021**

Name of Child: _____

Parent or Guardian Name(s): _____

Parent or Guardian Contact Number: _____

If you wish to have input into your child’s placement decision, you must return this form to the West Elementary Office **by Friday, May 8, 2020.**

Parent input will be considered relative to both the unique needs/traits of their child and other special circumstances in their lives. In this regard, school personnel find most useful your views on:

- The way in which your child learns best
- The type of classroom environment which you think might be most suitable for your child
- Daycare schedules and situations
- Peer relationship consideration

We ask that you do not request a specific teacher by name.

1. I would appreciate it if my child would not be in the same classroom as: (i.e. related, difficult getting along, same daycare etc.) _____

Details and/or reasons for this request: _____

2. Other information you should know about my child: _____

Return this form to the West Elementary Office by Friday, May 8, 2020.

Date Received in the Office: _____

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