2025-2026 Parent Input for Student Placement DUE May 9, 2025

<u>Directions:</u> Completion of this form is OPTIONAL. Information provided will be considered when creating class groupings to help create a conducive learning environment. Please include any information you believe would be beneficial for us to consider. The paper form can be returned to BWE or emailed to Mr. Bell - andrewr.bell@cms.k12.nc.us

* Specific Teacher Requests will not be granted *

| Student Name: | |
|--|---|
| Grade Next Year: | Date of Birth: |
| Name(s) of Previous BWE Teacher(s | s): |
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| | nt you would like for your child to have (what has a st that worked or did not work well for your child): |
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| Are there any behavioral considera placement? | tions that may need to be considered for your child's |
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| | |
| Does your child have special medic considered? | al needs (including allergies) that should be |
| | |
| Any additional considerations we s | hould know about? |
| | |