

Cards Due in to School Office By:

June 7th

**Prattville Primary School
1st Grade Teacher Request Card**

SEX of CHILD: _____

Dear Parents: We are glad to offer you the opportunity to complete a teacher request card. Please understand that this card is entirely optional. Remember, teacher requests are considered, but are ***not*** guaranteed. PPS employs highly qualified teachers, all of whom do an outstanding job. In requesting teachers, it is very important to think about the personality and needs of your individual child.

You may choose ONE OF THE TWO OPTIONS described below to complete this card:

Please Print

Child's Full Name: _____ Birthday: _____

Race: White Black Hispanic Asian Multi-Race

Lives with: Both Parents Mother Father Guardian

Name(s) of Parents or Guardians: _____

Address: _____

Occupation Mother _____ Hm Phone _____ Wk Phone _____ Cell Phone _____

Occupation Father _____ Hm Phone _____ Wk Phone _____ Cell Phone _____

Did your child attend kindergarten?: Yes No

Option One: Please follow directions in order for your Request Card to be accepted

Circle the names of six teachers. Remember, a total of six names ***must*** be circled in order to be considered **Do not rank these names.**

- | | | |
|----------|---------|--------|
| Bolden | Dake | Luker |
| Branning | Glidden | Moon |
| Burton | Hardy | Temple |
| K. Cook | Hodge | Shoupe |
| | Lambert | Slay |
| | Lee | |

Teachers list is subject to change

Option Two:

If you do not know the names of six teachers, describe your child's personality and needs in the space provided below.
You may *not* mention a teacher's name, nor describe specific teachers. Please Print!

Do you have older children that attended PPS? Yes No

Former Student	Teacher's Name
1. _____	_____
2. _____	_____

Help us get to know your child:

If any of the following characteristics describe your child, please check the appropriate box:

SHY:

Needs firm discipline:

Very Active:

Cries easily:

Aggressive:

Briefly describe two things that you believe will help your child have a great year at PPS:

1. _____

2. _____

Does your child have any health need that will require daily attention of a nurse?

Yes _____

No _____

If yes, please briefly describe:

Will you have more than one child attending PPS this school year?

Yes _____

No _____

If yes, please provide information below:

Child's name: _____ Date of birth: _____

Child's name: _____ Date of birth: _____

Person completing this form:

Name: _____ Relationship: _____

Cell #: _____