

CURRENT STUDENT INFORMATION SHEET

Please return to school by 5/28/21, late forms can not be accepted past this date.

Child's Name _____

Grade: _____ Teacher: _____

Parent Name: _____ Phone: _____

To ensure that all students have equal opportunities to experience any and /or all of the wonderful professionals at Colleen Bevis, **we ask that you not request a particular teacher.** Every effort will be made to match your child to the learning environment you describe.

What do we need to know about your child to help him/her have a fantastic learning experience?

If there is a teacher with whom you have had previous experiences and do not believe that your child would be successful in their classroom, please list that teacher below. Every effort will be made to keep this information confidential.

Teacher: _____