

# Student Information Form

**ALL FORMS ARE DUE NO LATER THAN APRIL 15**

Please use this form to communicate your concerns regarding your child (medical, etc.) which you feel are pertinent to classroom placement.

Child's Name:

Entering Grade:

Parent's Name:

Telephone Number:

Parent Email Address:

Medical Concerns:

Use the space below to share any information about your child that might help teachers/administrators better understand them or be pertinent to classroom placement:

Parent/Guardian requests for child placement into specific classrooms **will not be accepted**; requests to not have your child assigned to a specific teacher, however, can be made:

Return this form to the West Salem Elementary School office or email to  
[esoffice@wsalem.k12.wi.us](mailto:esoffice@wsalem.k12.wi.us)