SPECIAL CONSIDERATION FORM
2010-2011 School year

_____ _____ _____
(NAME OF STUDENT) (2010-2011 GRADE) (DATE)

Any request regarding a specific teacher or course is limited to one request per student. A request is not a guarantee. Class size, availability of instructor, and other factors may impact our ability to honor the request.

- Description of Request:
  _____
  _____
  _____
  _____

- Special needs and/or reasons for request [must be completed]:
  _____
  _____
  _____
  _____
  _____

_____ _____
(NAME OF PARENT-Please Print) (PARENT SIGNATURE)

_____ _____
Telephone Number (Home) Telephone number (Work)

Parent E-mail Address: _____

Staff comments regarding request:
_____
_____
_____

Disposition of Request:

Accommodated _____ Not Possible _____Denied _____

Please return this completed form to the Counseling Office by April 7, 2010