

RAYLEIGH ELEMENTARY

Telephone: (250) 578-7229

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306 Puett Ranch Rd, Kamloops

Mailing Address: c/o HGEC

245 Kitchener Cres

Kamloops BC V2B 1B9

(One form per student)

Date: _____ Student's Name: _____

Present Grade: _____ Present Teacher: _____

Please state your request:

Reason for request:

Have you discussed this request with this year's teacher? YES NO

Please return this form to the office by May 26, 2017

This request will be considered by the principal and staff on the basis of the reason provided. Other factors such as maintaining an even balance of student ability levels and gender, special social and emotional needs and class size limits are priority on factors that will significantly influence the decision. Frequently, due to these considerations, parent requests may not be granted.

Parent Signature _____

Date Stamp of Submission to Office

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