

2023-2024 Student Information Form

ALL FORMS 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 to better understand him/her or be pertinent to classroom placement:

Parent/Guardian requests for child placement into specific classrooms **will not be accepted**; requests to not have their 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