

PARENT REQUEST FOR CHANGE OF EDUCATION SPECIALIST

(For parent of enrolled charter school students to use to request an ES change)

Please return this form to: Student Assignments, 4535 Missouri Flat Rd, Suite 1A, Placerville, CA 95667 or fax to: 530-295-3583

School: _____

Please assign the following students to a different ES if possible:

(Note: A transfer request will be reviewed by your ES Advisor prior to approval. A transfer may need to wait to be processed until there are open student spaces with another ES. Please continue to work with your current ES until you hear from another ES.)

Parent Code _____ Parent Name _____

Student Number _____ Student Name _____

Student Number _____ Student Name _____

Student Number _____ Student Name _____

Student Number _____ Student Name _____

Student Number _____ Student Name _____

My current ES is: _____

Optional: Specify reason for change request _____

Choose box 1 or 2 Below (check the appropriate box in your chosen section):

1. I know who I want to work with (Write name of Requested ES below).

(Note: This ES may not have space available and therefore the transfer may not be processed.)

ES Name: _____

Option A Check here if you do not want to do a transfer to any other ES but will wait for this ES and work with your current ES in the meantime. We will hold this transfer request for up to 1 year, no need to resend

Option B If this ES is not available, I still want to transfer to anyone with space.

2. I don't know who I want to work with; I just want a transfer ASAP. (check below for your circumstance):

Option A I want an ES who lives in my area and am willing to wait until a space opens up for the transfer to be processed.

Option B I just want a different ES than the one I am currently assigned ASAP

I understand that before a transfer can be processed, I must have one final meeting with my current ES to complete a rollsheets and learning record to close out with them. This transfer request must be approved by the Advisor prior to processing.

Parent's signature _____ Date: _____

Office Use Only

Date received _____