



4105 COLONIAL DRIVE
MISSISSAUGA, ONTARIO, L5L 4E8
TEL: (905) 828-6348
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All Saints School Parent Input for Class Placement

Date: _____

To: Mr. M. Vecchiarino, Principal, All Saints School

From: _____

RE: Consideration for Class Placement for my son/daughter, September, 2011

Dear Mr. Vecchiarino,

I understand that the staff of All Saints School will soon begin the process of determining class placement for September, 2011. Kindly take into consideration the following information when making a decision regarding my child's class placement.

Child's Name: _____

Child's Current Teacher: _____

My son/daughter has experienced the most success in the following learning environment. (Please touch upon the factors of a learning environment that are relevant to your child's class placement, i.e. teacher's instructional style, peer relationships, child's learning style, etc.)

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(You may use the back of this form if more space is required)

I understand that it is not possible to accommodate all requests, but that staff will take into consideration the information provided above and use this information to form part of the decision.

Parent/Guardian Signature: _____ Date: _____

If you have concerns regarding your child's class placement for September, 2011, please submit this form to M. Vecchiarino by May 2, 2011.