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JOHN J. FLYNN ELEMENTARY SCHOOL

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1645 North Avenue, Burlington, VT 05408

802-864-8478

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| --- | --- | --- |
| **Graham Clarke**  Principal  **Karen Priebe**  Administrative Assistant |  | **Liane Couture**  School Counselor  **Fax**: 864-2146  **Health**: 864-8506 |

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What information do you want us to know about your child as a learner when considering which class to place them in? (for example: likes when it is calm/quiet; needs lots of movement, etc.)
2. Please explain other factors that we should take into consideration (for example: friendships, family relationships, or health issues)
3. Are there areas of concerns? If so, please share them.

Knowing placement cannot be guaranteed, please indicate 3 students we should consider placing in the same class as your child. We will do our best to place at least one friend in the same classroom.

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Knowing placement cannot be guaranteed, please indicate if there is a student that should not be placed with your child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Forms due to Ms. Priebe in the office by Wednesday, April 4th.