



Gibson Elementary School
11451 90th Avenue
Delta BC V4C 3H3
Website: <https://gb.deltasd.bc.ca>

Tel: 604-594-7588 Fax: 604-572-5971
Email: lpotter@deltasd.bc.ca

Student Information Form 2019/20

The placement of students for the upcoming school year is a decision of great importance and something that teachers consider very carefully. Your child's present teacher, along with other staff members who work with your child, have a year's worth of current, rich information and insight about the conditions under which your child learns best. If you have information about your child and about the kind of learning environment in which she/he best works and learns and you would like to share this information with our staff, please fill in the "Parent Information Form" below.

It is important to note that it is not possible for parents to choose their child's teacher. Teachers who are currently on staff may not be here next year, may not be assigned the same grade, or may not teach a class configuration that meets your child's learning needs. Remember, it is **not appropriate** for parents/students to request a teacher either.

As preliminary decisions about next year's classes will soon be made, you are asked to ***return the completed form no later than Friday, May 17th***. Please keep in mind that this information will be shared with all staff members involved in class placement decisions and considered when the class lists are finally confirmed.

Please note – This is not a "request form".

Please do not make requests regarding a specific teacher(s) or other students, and please keep in mind that this information will be shared with staff.

PARENT INFORMATION FORM

STUDENT'S NAME: _____

PRESENT GRADE: _____ PRESENT TEACHER(S): _____

I would request that the following information be kept in mind when my child is placed in a classroom for next year.

Additional information that ***may be unknown to current classroom teacher/administration*** and would be useful to consider when placing my child:

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____