

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 Road,
Ste. 1A, Placerville, CA 95667

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 _____

Student Number _____ Student Name _____

My current ES is: _____

Choose One Below:

_____ 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: _____

_____ I don't know who I want to work with. (check below for your circumstance):

_____ 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.

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

_____ Specify other reason for change _____

Parent's signature _____

Parent's Phone Number: (_____) _____ Date: _____

Office Use Only

Date transfer _____

Receiving ES _____