

## **Gayman Placement Student Information Form**

Please email as an attachment to Mrs. Jennifer Costello at [jcostello@cbsd.org](mailto:jcostello@cbsd.org).

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***Submit by Monday, May 16<sup>th</sup>.***

Student's Name: \_\_\_\_\_

Parent Name (Person Completing the Form): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current Teacher(s): \_\_\_\_\_

My child does best in a classroom that:

Additional information that you ask the placement team to consider:

\*\*\* *Forms that request a specific teacher or identify male/female will be returned.* \*\*\*