

Appeal of Decision Regarding Request to Change Teacher

(Submit to School Once Completed)

Florida Statutes, sections 1003.3101 and 1012.42, give a parent the right to request his or her child be transferred to another classroom teacher based on (1) personal preference or (2) the teacher's out-of-field certification status, respectively. These statutes does not give the parent the right to choose a specific classroom teacher.

The following information is to be completed by the parent/guardian:

Student's Name _____

Student Id# _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

I request a review of the school's denial of my request to change my child's classroom teacher.

Parent/Guardian/Eligible Student Signature

Date

FOR SCHOOL USE ONLY:

This appeal and the original parent request was forwarded to: _____ for
review on _____, 20__.

Signature

Print Name: _____

Title: _____