Isle of Hope K-8 School

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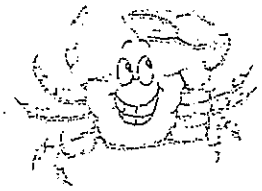

Parent Concern

Student's Name: _____ Grade: ___ Date: _____
Print First & Last

Please use the space below to explain your concern.

_____
_____
_____
_____
_____
_____
_____
_____
_____
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_____
_____
_____
_____

If you have any documentation, ask the secretary to make a copy of it and attach the copy to this form.

Please identify your relationship to the Student by checking the appropriate space below:
__ Mother __ Father __ Guardian __ Other (_____) _____
Print Full Name

Contact Information:
This information will be used to update your child's information, if different than what is on file.

_____ (cell #) _____ (wk #) _____ (hm #)

Administrative Use Only:

Date Parent Contact was Made: _____ Time: _____
Administrator's Name who Addressed Concern: _____
Resolution:

_____
_____
_____
_____
_____
_____