



# DR. GERALD PROBE ELEMENTARY SCHOOL

120 ROCKY MOUNTAIN BLVD W. LETHBRIDGE, AB T1K 7J2

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## Student Placement Request Form

Please email this form by April 26, 2024 to the Vice Principal:

[carlie.ramotowski@lethsd.ab.ca](mailto:carlie.ramotowski@lethsd.ab.ca)

**Student name:**

**Student entering grade:**

**I want to share the following about my child that will help make the best possible classroom placement decision:**

**(NOTE:** Requesting specific teachers by name is strongly discouraged.)

*Your feedback will be taken into consideration along with other factors to ensure classes are balanced for the best possible educational environment for all students.*

**Parent/Guardian name:**