Buddy Placement Request

School: _______________________________

Parent/guardians may request one “buddy” per child upon Kindergarten or initial enrollment in the Marietta City Schools System.

_________________________________ _____________________________
Student Name      Name of Requested Buddy

Parent/Guardian Rationale for Placement: ________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

CONSIDERATION WILL BE GIVEN BASED ON:
☐ Agreement of both students’ parent/guardian
☐ Class size limitations
☐ Program schedule conflict
☐ Behavioral history

STUDENT PLACEMENT MAY CHANGE IF:
☐ Discipline issues arise
☐ Either parent requests a change
☐ Change in academic services is required

_________________________________ ______________________________
Parent/Guardian Signature     Signature of Requested Student Parent/Guardian

______________________________________________ __________________________________________
Principal’s Signature     Date

_____ Request Approved  _____ Request Denied