

Twin/Multiple Placement Form

Parent/Guardian:

Please specify the placement request for your twin/higher multiple children at the time of registration.

Feel free to contact the Building Principal with any questions or concerns regarding placement; he/she will be happy to discuss options with you.

Last Name of Children: _____

First Name: _____ Male ____ Female ____

First Name: _____ Male ____ Female ____

First Name: _____ Male ____ Female ____

Registration for Grade: _____ School Attending: _____

_____ I would like my children to be placed **in the same homeroom.**

_____ I would like my children to be placed **in different homerooms.**

Parent Signature

Date

Parent Signature

Date