

**Alder Grove Charter School**  
**TEACHER CHANGE REQUEST FORM**

Date: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student Preferred name: \_\_\_\_\_

Current Teacher: \_\_\_\_\_

New Teacher: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Reason for change: \_\_\_\_\_

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Parent has been notified and agrees to this Teacher Transfer:                      Yes                      No

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Teacher Transfer Approved:                      Yes                      No

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_