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Title 1 Parent Request Form for Teacher Qualifications

Request for Information about Teacher/Paraprofessionals Qualifications

Instructions to Parents: Please complete this form. Use a separate form for each teacher or paraprofessional. Return the completed form to the school office or mail to the address above. Information will be sent to you within 21 days.

Date: _____

Name of Teacher: Mr. Mrs. Ms. _____

Or

Name of Paraprofessional: Mr. Mrs. Ms. _____

Grade Level taught: _____

Subject (if applicable): _____

Name of Parent(s) or Guardian(s) Requesting Information: _____

Name of Your Child: _____

Circle below how you would prefer to receive this information:

E-mail

Mail

Fax

Address:

City

State

Zip code

E-mail address: _____

Fax number: _____

Daytime telephone number in case of questions: _____