

Beacon City School District Request Form for Parent Use

Please write in the space provided below the name of the building principal in the building to which the student is assigned for the current school year. If you are also requesting, the Principal's Annual Professional Performance Review Final Quality Ratings and Composite Effectiveness Scores please check the "yes" line.

___ Yes, I would also like to receive information on my child's building principal.

Name of Principal: _____

Building: _____

The District will contact you shortly after its receipt of the form.

PLEASE RETURN THIS FORM BY E-MAIL, DROP OFF OR US MAIL TO:

archer.b@beaconk12.org

OR

Mr. Brian Archer
10 Education Drive
Beacon, NY 12508

* Note: Pursuant to Education Law Section 3012d, classroom teachers and building principals are entitled to strict privacy rights with respect to the disclosure by the District of the information that will be furnished to you. We are confident that you will respect those privacy rights.