

**EL MONTE UNION HIGH SCHOOL DISTRICT
TEACHER AND TEACHER ASSISTANT INFORMATION REQUEST FORM**

Request for Information About Teacher / Teacher Assistant Qualifications

Instructions to Parents

Please complete this form. Please use a separate form for each teacher or teacher assistant for whom you are requesting information. Return the completed form to your school principal's office or mail to:

El Monte Union High School District
Assistant Superintendent for Personnel
3537 Johnson Avenue
El Monte, CA 91731

School Name: _____

Teacher Name: (Mr. Mrs. Ms.) _____

Teacher Assistant Name: (Mr. Mrs. Ms.) _____

Grade Level _____ Subject _____

Your Name (Parent/Guardian) _____

Student Name _____

Your Address _____

City

State

Zip

Daytime telephone number in case of questions: _____

For District Use Only:

Received by: (School or HR/date/name) _____

Completed by: (name/mailed/date) _____

Copy to: _____

Notes: _____
