

Teacher Request Form

Teacher Name: _____

Grade/Subject: _____

Email: _____

Please give a description of the request for your classroom:

When is the request needed: _____

Amount of the request: _____

The PAC wants our teachers and staff to succeed in helping our children to grow in the Lord and in their education. Please email the completed form to

pac@cwcsmontrose.com or place it in the PAC box in the front office. The PAC will review at the upcoming meeting (held once a month). You will be notified of the PAC's decision the week after the meeting.

**Please note that the PAC will approve requests as seen fit. This is a request only and not all requests may be approved. **