

## Teacher Request Form

Teacher Name: \_\_\_\_\_

Grade/Subject: \_\_\_\_\_

Email: \_\_\_\_\_

Please give a description of the request for your classroom:

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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](mailto: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. \**