

**SCHOOL DISTRICT OF THE CITY OF ROYAL OAK
AND
THE ROYAL OAK EDUCATION ASSOCIATION**

CLASS-SIZE RELIEF PETITION
Secondary Schools

(Please submit all of your requests on one form. Check all appropriate boxes.)

Teacher's Name _____

Date _____

<input checked="" type="checkbox"/>	Building
<input type="checkbox"/>	ROMS
<input type="checkbox"/>	ROHS
<input type="checkbox"/>	Churchill

	Subject	Hour	No. of Students	Contract Limit	Special Education
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

Description of Concern: (Be Specific. Do not include student names)

Relief Requested: (If you choose materials, equipment, or textbooks, the maximum allocation is \$100 for each class over contract limit. Also, if you have more than one class over contract limit and you have different types of requests, please specify the hour next to the relief requested.)

Relief Requested:	Specifics	Costs
_____ Relief Parapro	_____	N/A
_____ Equip/Mat'ls	_____	_____
_____ Other	_____	_____

Original: Joint Committee c/o Cheryl Goodgine, Board Office
Copies to: ROEA
Building Principal