

**SOUTH HUNTINGTON SCHOOL DISTRICT
REQUEST FOR PRINCIPAL
APPR COMPOSITE EFFECTIVENESS SCORE AND QUALITY RATING**

**Please forward this form to:
Office of the Superintendent of Schools
60 Weston Street, Huntington Station, New York 11746**

Today's date: _____

Requesting Parent/Legal Guardian: _____

Child's name: _____

School presently attending: _____

Name of present school year principal APPR information being requested:

Name: _____

For office use only:

Date Request Received: _____

_____ Child's schedule reviewed

_____ Parent/Legal Guardian identification verified

APPR information provided to Parent/Legal Guardian on (date): _____

Superintendent or Designee's Signature: _____