

TRANSLATION REQUEST FORM

**\*THIS FORM MUST BE RECEIVED AT LEAST 3 DAYS IN ADVANCE OF DESIRED RETURN DATE\***

School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Grade \_\_\_\_\_

\*Date of Request: \_\_\_\_\_ \*Return Date: \_\_\_\_\_

- Have you checked the student's home language survey? Yes\_\_ No\_\_ (Language at home needs to be **Spanish** in order to justify translation.)
- For periodical documents **only** (ex. - weekly or monthly newsletters), please sign and turn in this form **only once per school year**. For other non-periodic documents (ex. - a letter to a parent), sign and turn in this form as needed.

Principal's Signature: \_\_\_\_\_

Send to: GRACE SMITH (CPSD Community Liaison/Interpreter) in CONWAY JUNIOR HIGH campus.



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