



Meeting Request Form

This form is to be used by students and/or families wishing to request a school meeting to discuss gender diversity, name change, and school protocols. Students have the right to submit this form without parent or family notification. Students will receive notice of a scheduled meeting to discuss their needs within 10 days of submitting this form. Please contact the Program Manager for LGBTQ2SIA+ Supports (lgbtq@pps.net) immediately if you do not hear from your school within 10 days.

PPS ID : _____ DATE OF REQUEST: _____

Affirmed student name and pronouns : _____

Student's Current Full Name in Synergy (First, Last) :

Date of Birth : _____ Grade Level: _____

Email : _____ Phone : _____

Is the student requesting this meeting? **Yes** **No**

If so, will the caregiver(s) be in attendance? **Yes** **No**

Is the caregiver(s) requesting this meeting? **Yes** **No**

If so, will the student be in attendance? **Yes** **No**

Please list all people you wish to be present for this meeting, including yourself:

What are the topics you'd like to discuss:

Best day/times to meet:

Secondary day/times to meet:

