



The Howard County Public  
School System  
10910 Clarksville Pike, Ellicott City, MD 21042  
(410) 313-6600

Parent Concern Form

**PART I – To be completed by the parent, guardian, or custodian.**

**Name of Parent:** \_\_\_\_\_  
Last First Middle Initial

Parent  Student  Staff  Other

**Phone:** Day: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**School:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**State Concern:** (Attach additional sheets and documentation if necessary.)

**Action Requested:** (Attach additional sheets and documentation if necessary.)

**Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**PART II – To be completed by the administration.**

**Date Received:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Date Contact Made:** \_\_\_\_\_ **Date of Meeting:** \_\_\_\_\_

**Action on Concern:**  Granted  Denied (Attach additional sheets and documentation.)

**Reason. (Must be completed if denied)**  
 If you wish to request a review of the decision of the principal, you may do so by forwarding this completed form with a note explaining your reason for disagreement to the Office of Administrative Director, School Administration.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Administrator