

Facilities & Operations Department

Oak Park School District, 13900 Granzon, Oak Park, MI 48237



CLASSROOM RELOCATION REQUEST FORM

Staff Name		District Email	
Building/Grade/Subject	Current Room Number (indicate type of space. Ex. Classroom, office, etc.)	New Room Number (indicate type of space. Ex. Classroom, office, etc.)	
Building Principal's Signature		Date Relocation Needed By:	
Justification			
Infrastructure Needs (Power/Data/Phone/Other)			

Principal Signature Required – Please send completed form to Tiffany.Cavill@opsk12.org . Please do not move anything until the approved form has been returned.

Diagram of New Room Layout

1. Label door location(s)
2. Label Windows
3. Label desired location of furniture

Once the approved form has been returned, please label all items that are need to be moved to the new location. Some items may not be able to be relocated depending on the size and weight of the items. Once the items have been labeled, please notify Facilities Manager to schedule the relocation.



Director of Operations Approval: _____ Date: _____

Superintendent Approval: _____ Date: _____