

ALGONAC COMMUNITY SCHOOLS

Previous Enrollment in Special Education

TEMPORARY PLACEMENT

DATE: _____

We request that _____ be placed in the Special Education Program on a temporary basis.

We understand that a formal educational planning meeting is necessary to formalize this school placement and will be held within thirty (30) days. We further understand the educational planning meeting will be held as soon as the school records are received and all pertinent information on our child is compiled and completed.

Parent/Guardian Signature

(Must be signed by parents before placement becomes effective.)

PLEASE FILL OUT COMPLETELY PARENT REQUEST FOR TEMPORARY PLACEMENT

Student _____ Attending Building _____

Parent's Name _____ Eligibility _____

Home Address _____

Phone _____ Grade _____ Date of Birth _____

Algonac Community Schools

SPECIAL SERVICES
1216 St. Clair Blvd.
Algonac, Michigan 48001



(810) 794-9337
Fax: (810) 794-0040

PERMISSION TO OBTAIN RECORDS Parent/Guardian Consent

SPECIAL EDUCATION RECORD RELEASE FROM FORMER SCHOOL DISTRICT:

SCHOOL: _____

Consider this as authorization to release **special education information** in your possession pertaining to the following student/individual to the Algonac Community School District.

STUDENT NAME: _____ DATE OF BIRTH _____

Please forward special education records to:

Special Services Department
1216 St. Clair Blvd.
Algonac, MI 48001

Your cooperation and assistance will be greatly appreciated. Information received will be considered in making an appropriate placement for the above named student.

Signed: _____
Parent/guardian

Home Address: _____

City: _____ State: _____

Telephone: _____ Date: _____

Prohibition on Redisclosure:

This information has been disclosed from records whose confidentiality is protected by federal law. Federal regulations prohibit making any further disclosure of this information except with the specific written consent of the person to whom it pertains.