

ALGONAC COMMUNITY SCHOOLS

DEPARTMENT OF SPECIAL EDUCATION PERMISSION FOR PLACEMENT

Student: _____ Date: _____

School District: _____ School Building: _____

Transfer in Student From outside the state

The new district will conduct a new IEP by _____
(date – due within 30 school days)

Disability: _____

Programs/Services: _____

Name of Programs/Services	Amount of Time/Frequency	Location	Method

Specialized Transportation: No Yes If yes, please specify: _____

Consent:

Parent/Guardian

Date

Resident District Admin Receiving Consent

Date

For a child placed outside of the resident district, the operating school district agrees to the recommendations of the resident school district and will implement the Permission for Placement.

Operating District Representative

Date

ALGONAC COMMUNITY SCHOOL DISTRICT

Parent/Guardian Consent

Date: _____

STUDENT'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____

PREVIOUS SCHOOL STUDENT ATTENDED:

SCHOOL NAME: _____

ADDRESS: _____
City, State, Zip

PHONE: _____

Consider this as authorization to release **special education information** in your possession pertaining to the above named student.

Please forward special education records to:

Algonac Community Schools
Department of Special Services
5200 Taft Road
Clay, MI 48001

Your cooperation and assistance will be greatly appreciated. Information received will be considered in making an appropriate placement.

Signed: _____
Parent/Guardian Signature

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.