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## Parent / Guardian Permission to Place Transfer Student In Special Education Programs / Services

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex:  M  F Grade: \_\_\_\_\_ District: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ St. / Zip: \_\_\_\_\_

*I agreed to have \_\_\_\_\_ placed in the \_\_\_\_\_*

*Classroom and/or receive \_\_\_\_\_ services on a temporary*

*basis until \_\_\_\_\_ 's records are reevaluated. I under-*

*stand that an Individualized Education Planning Team (IEPT) meeting will then be*

*convened to determine \_\_\_\_\_ 's placement and program*

*plan.*

The receiving district has thirty (30) school days in which to hold an IEPT meeting where the current IEPT is reviewed and revised.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ I have received a copy of the parent handbook and the procedural safeguards for parents of students with disabilities.

*Person receiving this transfer form:* \_\_\_\_\_

PLEASE RETURN THIS FORM TO THE SCHOOL AS SOON AS POSSIBLE. YOUR STUDENT CANNOT RECEIVE SPECIAL EDUCATION SERVICES UNTIL PERMISSION IS SECURED. AS SOON AS ALL RECORDS FROM YOUR STUDENT'S LAST SCHOOL ARE EVALUATED, THE IEPT MEETING WILL BE SCHEDULED.