**SUMNER COUNTY EDUCATIONAL SERVICES, INTERLOCAL 619**

2612 N. A St., Wellington, KS 67152

620-326-8935

**Parental Request and Agreement to Temporary Special Education Placement for Transfer Students When Records Are Not Available**

This form constitutes an agreement between the school and parents to the temporary special education placement that is indicated on the form below. THE USE OF THIS FORM SHALL BE STRICTLY LIMITED TO THOSE STUDENTS TRANSFERRING FROM A SPECIAL EDUCATION PROGRAM, BUT WHOSE RECORDS ARE NOT AVAILABLE. Completion of this form in no way nullifies the legal rights of the parent and child as set forth below nor the responsibility of the school in being sure that such legal rights and responsibilities are fulfilled.

All parties to this agreement understand that such placement is temporary, based on the best available information regarding the child’s need for education placement and that such placement may be changed when records are received, and proper planning is possible.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of parent or legal guardian) (Student’s name)

born\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_affirm that said child was previously placed in the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(LD, Gifted, ED, MR,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_type of special education program in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school

DD, SL,OHI,ECD) (District Name)

district\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as his/her educational placement and do request that the above

(USD Number)

child be placed in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_grade and receive special educations programming with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_minutes of inclusion in the regular education classroom. This agreement

Shall not exceed thirty calendar days from the date this agreement was signed and services

initiated.

I have received a copy of “Parental Rights in Special Education”. I understand that the temporary

placement may be changed to a more appropriate placement when records and reports are

received and reviewed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(Daytime) (Phone) Evening

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s signature Director’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

□Copy to Director of Special Education

□Copy Student’s File-Building Administration