



SOUTH BEND COMMUNITY SCHOOL CORPORATION
Special Education Department
215 South St. Joseph Street, South Bend, IN 46601
Phone: 574-283-8130 FAX: 574-283-8105

**PERMISSION FOR A NEWLY ENROLLED STUDENT
TO RECEIVE SPECIAL EDUCATION SERVICES**

Name: _____

DOB: _____

Address: _____

Phone: _____

_____ I give _____ I do not give permission to the South Bend Community School Corporation to provide special education and related services to this student. These services will be determined by school staff based on observations of the student and a review of information received (either in records and/or by telephone) from the previous school.

According to information from the parent/guardian and/or previous school district, this student is eligible for services under the disability(ies) of _____ at this time.

Services will be provided at _____ school and will begin on _____. A case conference will be convened within 10 school days to develop an Individual Education Plan which will provide the student with a Free and Appropriate Public Education according to federal and state law.

I have received a copy of the "Notice of Procedural Safeguards" with explanation.

Signed: _____ Date _____
Parent or legal guardian

Approved: _____ Date _____
Building Principal