



**South Bend Community School Corporation
Special Education Services**

215 S. St. Joseph St, South Bend, IN 46601
Ph: 574.283.8130 Fax: 574.283.810

**Permission For Termination Of Special Education Services
Due To Graduation With A Regular Diploma**

Dear Parent/Guardian:

Name of Student: _____ Date of Birth: _____

SBCSC ID#: _____ STN#: _____

The Case Conference Committee has determined that the above student will graduate from high school with a regular diploma. The Indiana Department of Education's Rules and Regulations for Special Education, Article 7, defines this as a "Change in Placement" and requires written parent consent. Students who are 18 years of age or older may grant consent for themselves.

I agree ____ disagree ____ to the above named student graduating with a regular diploma from high school. I understand that the student will no longer be eligible for special education and related services from the South Bend Community School Corporation following graduation because the student has met state and local educational requirements.

Signature of Parent or Student (if 18 or older)

Address

City

Zip Code

Phone

Date

Please give a copy of this form to the parent (or student if 18), the school and return the original to Special Education Services.