

HOLLY AREA SCHOOLS
SPECIAL SERVICES
920 EAST BAIRD
HOLLY MICHIGAN 48442

PARENT REQUEST FOR TEMPORARY SPECIAL EDUCATION PLACEMENT

I _____ as parent/legal guardian of _____

(Birthdate: _____) confirm that my son/daughter attended a special

education program at _____.

(Name of school last attended)

Recognizing his/her educational needs, I request that he/she receive special education services within Holly Area Schools on a temporary basis not to exceed 25 school days, I also understand that an IEPT meeting is required to formalize special education programs and services.

I give my permission for the release of confidential information (medical records, educational information, psychological, psychiatric and special education) from

the _____, to be sent to Special Services

(Name of district last attended)

Director, Holly Area Schools, 920 E Baird St., Holly, MI 48442 (248.328.3170).

Parent/Legal guardian

Date

Director

Date