



CITY SCHOOL DISTRICT OF NEW ROCHELLE
 515 NORTH AVENUE
 NEW ROCHELLE, NEW YORK 10801-3416

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REQUEST FOR SPECIAL EDUCATION SERVICES FOR STUDENTS ATTENDING OR EXPECTED TO ATTEND NONPUBLIC SCHOOLS LOCATED WITHIN NEW ROCHELLE

Part 1 - I anticipate enrolling or continuing the enrollment of my child in a nonpublic school for the 2008-2009 year.

Name of Child _____ DOB: _____
 Name of School _____ Grade: _____

I am requesting that City School District of New Rochelle schedule an Individual Educational Service Plan Meeting (IESP) to plan for special education services for the 2008/9 school year in consultation with the private school.
 _____ Yes _____ No

Signature of Parent _____ Print Name _____ Date _____
 Home Address: _____
 Home Phone #: _____
 Home District CSE Residency _____
 CSE Address _____

If Yes: I authorize the Home District CSE and the private school to release to New Rochelle CSE a copy of my child's special education file including, but not limited to, psychological, psychiatric, and educational evaluations, IEPs, medical reports and other school records including transcripts, report cards, teacher reports and academic testing results. I am aware that without my signed consent, neither this Request Form nor any information concerning my child will be released and that no special education services will be provided while my child attends the nonpublic school.

Signature of Parent _____ Print Name _____ Date _____
 Signature of Student (if over 18) _____

Part 2
 My child currently attends a nonpublic school located within New Rochelle, but will not be attending the nonpublic school for the 2008-2009 school year. I understand that I must notify in writing my home district CSE or the District of Location of the new private school prior to July 1, 2008 to request a meeting to arrange special education services. I hereby consent to the release of all school records maintained by New Rochelle CSE to the school district noted below:

Signature of Parent _____ Print Name _____ Date _____
 Signature of Student (if over 18) _____
 Name of Nonpublic School in which my Child Intends to Enroll: _____
 District of Location of the Non-Public School: _____
 -or -
 Public School and District in which my Child Intends to Enroll: _____