

BRUSH COUNTRY CO-OP

Parental Acceptance of IEP for Transfer Student

BCC District: _____ Campus: _____

Student: _____ DOB: _____ Grade: _____

PARENT CONSENTS AND UNDERSTANDS:

Check "Yes" or "No" to indicate whether or not you consent to and understand the following items.

1. I give consent for my child, named above, to participate in a special education program in the above named BCC district and I understand that continued placement is conditional upon verification of eligibility by the ARD Committee, which will review the placement recommendation within **twenty (20) days.** ☐ YES ☐ NO
2. I understand this BCC District will request the confidential records from the previous school/district of attendance and that I have the right to review such records. ☐ YES ☐ NO
3. I understand my **Parent Rights** as described in the **Notice of Procedural Safeguards** and have received a copy. ☐ YES ☐ NO

Signature of Parent/Guardian

Date