

12/01	PARENT'S NOTIFICATION TO TRANSFER A STUDENT WITH A DISABILITY TO A NON-PUBLIC SCHOOL (Optional Form)
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Dear _____ :
(district contact person)

This information is provided by me, as the parent of _____,
to fulfill my obligation to notify the district that I intend to remove my child from the public school and enroll
him/her in the following non-public school:

(Name and Location of Non-public School)

In addition, I have checked the items below that apply to my decision to make this transfer:

I am rejecting the public schools educational program for the following reason(s):

Due to the district's failure to provide a free appropriate public education to my child, I am entitled to reimbursement for the costs of the non-public program.

Parent Signature Date

Parent(s): Return this completed form to: _____
within ten (10) business days. (district contact person)

Resources you may contact for further information about parent rights and procedural safeguards:

PACER (Parent Advocacy Coalition for Education Rights): 952-838-9000, 1-800-53-PACER, TTY: 952-838-0190
 MN Disability Law Center: 612-332-1441, 1-800-292-4150, TTY: 612-332-4668
 MN Department of Children, Families & Learning: 651-582-8689, TTY: 651-582-8201
 Arc Minnesota (Advocacy for Persons with Developmental Disabilities): 651-523-0823, 1-800-582-5256
 Family Service Inc., Learning Disabilities Program: 651-222-0311, 1-800-982-2303, TTY: 651-222-0175

Date Received By District