

Lake Shore Central Schools
Committee on Special Education

TEMPORARY – PERMISSION TO PLACE FORM

I, _____ give permission for the Director of
(Parent's Name)

Special Education to temporarily place my child:

Name: _____ Date of Birth: _____

School: _____ Grade: _____

in a Special Education Program while awaiting the transfer of records from his/her previous schools and/or awaiting formal Committee on Special Education recommendation and Board approval. This permission remains in effect for 30 days, at which time a CSE meeting will determine placement for the rest of the year.

(Parent's signature)

(Date)

NOTE: Please attach a copy of the registration form to this permission when forwarding to the Special Programs Office.