

**CLINTON-MASSIE LOCAL SCHOOLS
SPECIAL EDUCATION INFORMATION**

I do hereby certify that my child, _____, last attended

(Child's Name)

_____ and **DID NOT** receive any
(Name of last school attended)

special educational services and **DOES NOT** have a current/active Individualized Education Plan (IEP).

Parent/Guardian Signature

Date

I do hereby certify that my child, _____, last attended

(Child's Name)

_____ and **DID** receive special education
(Name of last school attended)

services and **DOES** have a current/active Individualized Education Plan (IEP).

Program of Eligibility: _____

Parent/Guardian Signature

Date

I hereby certify the child being enrolled, _____
(Student's Name)

IS NOT residing in my home as a result of a foster placement (either by Children's Services or other outside agency(ies)) or as a result of a court order/guardianship.

Parent/Guardian Signature

Date

I hereby certify the child being enrolled, _____
(Student's Name)

IS residing in my home as a result of a foster placement (either by Children's Services or other outside agency(ies)) or as a result of a court order/guardianship.

CSB Caseworker: _____ Phone: _____

Court of Jurisdiction: _____

Home School District: _____

Other Pertinent Individuals Involved with the child (i.e., therapist, counselor, probation officer, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____