

Capistrano Unified School District
San Juan Capistrano, California
Children with Disabilities Enrolled By Their Parents in Private School
Notification of Parental Intent

Student's Name: _____ DOB: _____

District of Residence: _____ Private School of Attendance: _____

Check one of the following boxes:

- I have an interest in enrolling my child in a public placement. Please contact me to schedule an IEP team meeting to develop an IEP for my child.

Phone: _____

- I have no interest in enrolling my child in a public placement. I intend to maintain my child's enrollment in private school. I understand that my district of residence continues to make a free appropriate public education available to my child.

Check one of the following boxes:

- My child has a Services Plan. I consent to my child's continued receipt of services pursuant to his/her Services Plan.

- My child has a Services Plan. I decline my child's continued receipt of services pursuant to his/her Services Plan.

- My child does not have a Services Plan. Please contact me to schedule a meeting to develop a Services Plan, if appropriate, for my child.

Phone: _____

- My child does not have a Services Plan. I do not want to schedule a meeting to develop a Services Plan at this time.

Print Name Here

Signature Here

Today's Date