

Baldwinsville Central School District
Student Census Registration —Attends a Non-Public School
(within the Baldwinsville District boundaries)
Requesting Special Education Services (IESP)

Student Information

(please complete all information for your child you are requesting a referral for special education evaluation)

| Last Name First Name MI | M/F | Date of Birth | Gr | Non-Public School Attending | OFFICE USE ONLY STUDENT SMS # |
|------------------------------------|-----|---------------|----|-----------------------------|----------------------------------|
| | | | | | |
| Home District of Residence: | | | | | |
| Home COUNTY of Residence: | | | | | |

| Parent/Guardian Information | |
|---|---------------------|
| Parent/Guardian-1 Name | Contact Information |
| | Home: |
| Street Address & City and Zip Code | Cell: |
| | Work: |
| | Email: |

| Parent/Guardian-2 Name | Contact Information |
|---|---------------------|
| | Home: |
| Street Address & City and Zip Code (please fill out only if address is not same as Parent-1) | Cell: |
| | Work: |
| | Email: |

This request is honored only for a student enrolled full time at a non-public school located within our school district zone. If your child is home-schooled and attends a non-public school part-time, please refer your request for referral to your home district.

Permission is hereby granted to Baldwinsville Central Schools to request special education and/or 504 records from the above listed school district of origin as well as transfer records to a new school in the event of a move to another district or state. I understand that all reports and screening test results will be treated confidentially; and certify that the information provided is accurate to the best of my knowledge and that I have legal custody of the above named child.

Signature of Parent/Guardian

Date

For District Use Only

| Date Referral Received | Add Status to SIS | Type of Service | Referral Being Processed by | Evaluation Completion Date | Eligibility for District Services | Determination update on SIS |
|------------------------|-------------------|-----------------|-----------------------------|----------------------------|-----------------------------------|-----------------------------|
| | | IEP 504 | | | Y N | |

Baldwinsville Central School District
 Office of Special Education Services
 29 East Oneida Street
 Baldwinsville, New York 13027

Phone: 315-635-4500
 Fax: 315-638-6187

REQUEST FOR RELEASE OF SPECIAL EDUCATION RECORDS

Former school/address: _____

School Phone Number: _____

School Fax Number: _____

Registration Date: _____

To Whom It May Concern:

The student (s) listed below have registered with the Baldwinsville Central School District. We would appreciate you forwarding all Committee For Special Education Services reports, including Section 504 records and/or psychological evaluations to the address given above. We require these reports in order to place the student in their specialized program and provide the services outlined in their documents as expeditiously as possible. Thank you in advance for your cooperation. Please feel free to contact our offices if you should have any questions or need assistance with this request. You can send the records by email to Michelle Newvine at MNewvine@bville.org or fax to her attention with the number listed above.

| Student Name | Date of Birth | Current Grade or Adjusted Grade |
|--------------|---------------|---------------------------------|
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| | | |

Parent statement:

I give permission to the former school of attendance for my children, as listed above, to release all Records as requested in order to place my child and continue their CSE program with the Baldwinsville Schools.

| | |
|-------------------------------------|-----------------------------|
| Signature of Parent/Guardian | Address for Student: |
| Date | |
| | |