



Parental Consent to Implement IEP for Students Transferring To Petersburg City Public Schools From Out-of-State and Other Virginia School Divisions

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Previous School: \_\_\_\_\_ Previous School Division: \_\_\_\_\_ in the state of \_\_\_\_\_

Date of Enrollment (mm/dd/yy): \_\_\_\_\_

Student's Disability: \_\_\_\_\_

Date of the Current IEP (mm/dd/yy): \_\_\_\_\_

After reviewing \_\_\_\_\_ IEP from \_\_\_\_\_, Petersburg City Public School agrees to adopt and implement the existing- attached IEP as an interim IEP until an IEP meeting will be held on or before (mm/dd/yy) \_\_\_\_\_ to review or revise as needed.

\_\_\_\_ I have received a copy of my rights as a parent of a child eligible for special education and related services.

\_\_\_\_ I **do** give consent to implement the current IEP.

\_\_\_\_ I **do not** give my consent to implement the current IEP.

\_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Parent /Guardian Signature

Attachment: Current IEP from previous school division

Original to Student's Record  
Copy to Parent  
Copy to the Office of Special Education

Date Completed (mm/dd/yy): \_\_\_\_\_