



**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 in Petersburg City Public Schools (mm/dd/yy): _____

Student's Disability: _____

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

After reviewing _____ IEP from _____, Petersburg City Public School agrees to implement the existing attached IEP with the following changes as interim services until an IEP meeting is held on or before (mm/dd/yy) _____:

The changes are:

____ 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 interim services as defined above.

____ I **do not** give my consent to implement the interim services as defined above.

Date

Parent Guardian

If the parent does not give written consent to these interim services then Petersburg City Public Schools will implement the IEP for the other out of state or Virginia school division until a new IEP is developed and implemented.

Attachment: Current IEP from previous school division

Original to Student's Record

Date Completed (mm/dd/yy): _____

Copy to Parent

Copy to the Office of Special Education