

**IOSCO REGIONAL EDUCATIONAL SERVICE AGENCY
PLACEMENT / INFORMATION FORM**

Today's Date: _____

____ New Student/ 30 Day Placement ____ Change of Address: ____ Other (specify) _____

Student Name: _____ Sex ____ Birth date: _____ Age: _____ Grade: _____ Hispanic (Y)(N) Race _____

Parent/Guardian/Surrogate: _____ Birth Place: _____ Home Language: _____

Address: _____ City: _____ Zip Code: _____

County: _____ Telephone: _____ School District: _____

Parent/Guardian/Surrogate Home Language: _____

Address _____ City _____ Zip Code _____

County _____ Telephone: _____ School District: _____

Building _____ Current IEP Date _____

Previous School District and Address _____

Disability: _____ Program Placement _____

Other Comments _____

I give permission for the placement of my child in _____ for not more than 30
School days, during which time an I.E.P.T shall convene.

____ Continue current IEPT through review date

Parent/Guardian Signature & Date: _____

Transportation/Day Care/
