

AMARILLO INDEPENDENT SCHOOL DISTRICT  
SPECIAL EDUCATION DEPARTMENT

AMARILLO, TEXAS

CONSENT FOR PLACEMENT OF TRANSFER STUDENT

Student \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parents Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

When a student transfers from a school within the state and:

- 1) a copy of the students IEP is available
- 2) parent(s) indicates in writing that they are satisfied with the IEP
- 3) the school district determines the IEP is appropriate and can be implemented

then the school district may provide special education and related services to the student without holding an ARD committee meeting.

Please check the appropriate box by each statement, sign your name, and date and return this form to the school as soon as possible.

YES  NO My child is transferring to the Amarillo Independent School District from another school district within the state of Texas. Please specify the name of the previous district:

YES  NO I agree with the current IEP for my child and give my permission for the Amarillo Independent School District to implement that IEP immediately. If NO, please explain:

YES  NO I have been given the name and telephone number of a school staff member whom I may call if I want more information or if I have any questions. If NO, please explain:

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT DATE

\_\_\_\_\_  
SIGNATURE OF INTERPRETER, IF USED DATE

YES  NO The Amarillo Independent School District has reviewed the copy of this students current IEP and agrees with it's appropriateness and implementation.

\_\_\_\_\_  
SCHOOL REPRESENTATIVE DATE