



DUCES FUTURI SUMUS

The Founders Academy Special Education Form

In the State of New Hampshire, Chartered Public Schools have a special relationship with the student's Local Education Agency (LEA, i.e., applicant's sending district) to provide special education services and accommodations. If an applicant currently has an IEP, written permission from the applicant's sending district is required for services to continue. Written permission is not required if the applicant has a 504 plan.

Please check ALL of the following that apply to the applicant.

- IEP-Individualized Education Plan and Related Assessment Data
- 504 Plan and Related Assessment Data
- Gifted and Talented Program and Related Assessment Data
- ESOL Plan and Related Assessment Data
- None of the above **(If the applicant does not have an educational plan, please check this box and return the form with the application package)**

These records are needed in order to determine the level of appropriate educational services required and for appropriate accommodations that may be required at placement testing. All information received will be strictly confidential. It will not be a factor in acceptance to The Founders Academy.

Please indicate your response to this request by checking the box which reflects your decision. Please sign as the legal parent/guardian of the applicant below.

- I consent to the disclosure of the information as described above.
- I do not consent to the disclosure of the information as described above.

Legal Parent/Guardian: _____
(Please print full name)

Legal Parent/Guardian: _____ Date: _____
(Signature)

To Be Completed by the Sending District

If the applicant has an IEP, 504, Gifted and Talented Plan or requires ESOL services please provide a copy of this form to the applicant's Guidance Counselor, Principal or Special Education Liaison to complete the information found in this area. Include the form with the admissions application forms to be mailed.

SASID#/NHSEIS# _____ Date: _____

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Name of Applicant:

Sending District:

Name/Title of Authorized District Employee:

Signature of Authorized District Employee:

Phone Number of District

Employee: _____ Extension: _____

Date of Signature: _____