

**New Hanover County Schools
Release from District Education Services**

Student: _____ **NCSIS#** _____

School: _____ **DOB:** _____

Does your the student currently have an Individualized Education Plan (IEP)?:

I. Request from Parent/Legal Guardian

I _____, the parent/legal guardian of _____, request that the student be released from the _____ (school) in the New Hanover County Schools for part-time attendance at a private facility. I am seeking release from district education services because it is my desire for _____ to receive certain portions of his/her education program outside of the New Hanover County Schools.

Where: _____

When (days): _____

Times: _____

Start Date: _____

Before your request for Release from District Education Services is processed, it is necessary for the District to understand the full extent of the additional services/programs being sought. Please provide a description of the additional services/programs being sought and any information concerning this program that you feel may be important for the District to have when considering your request. At a minimum, please include a list of classes, schedule, and a description of how the facility/program is designed to address the student's unique needs, In addition, if the student has an IEP, identify which of the IEP goals you desire to be addressed in this alternative setting. You may use the space provided or attach additional sheets if necessary.

I am making this request voluntarily in order to offer a supplemental education program for the student. If my request is granted I understand that I am assuming all responsibility for transporting the student to and from the supplemental program as well as all costs associated with the program. I have received a copy of the **Handbook on Parent's Rights** if the student is a student with a disability.

Parent/Legal Guardian's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____

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II. Principal's Recommendation

I have reviewed the parent request for the release of _____ to attend _____ during the school day for release from district education services, and in collaboration with input from other members of the student's IEP team (if a student with a disability) and/or central office support services:

- I have completed the review of the student's cumulative file, including transcripts, report cards, attendance records, and EOG testing results, as applicable.
- I have reviewed the student's IEP (if applicable) and progress reports, and other relevant portions of the student's exceptional children's file.
- I understand that regardless of whether this Release is granted, the N.C. Testing program will be implemented.
- I have reviewed the student's schedule, determined what aspects of his/her academic program will be missed if he/she is released during the requested dates and times, and have considered this school's ability to provide the student with appropriate instruction in all core academic areas that will not be addressed by the supplemental program, both in general education and special education (if applicable), if the student moves to the part-time schedule as requested.
- I have confirmed that the supplemental program will provide instruction on the Common Core State Standards.

Based on the foregoing review, I make the following recommendation (check one):

- _____ That the Request for Release from District Education Services be denied.
_____ That the Request for Release from District Education Services be granted.

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I base my recommendation on the following information:

Name: _____
(please print)

Date: _____

Signature: _____

School: _____

Date Received by Deputy Superintendent: _____

Date of Final Decision: _____

Date Decision was Mailed to Parent:/Legal Guardian _____