

IOSCO REGIONAL EDUCATIONAL SERVICE AGENCY  
PLACEMENT / INFORMATION FORM

Date \_\_\_\_\_

\_\_\_ New Student/ 30 Day Placement \_\_\_ Change of Address \_\_\_ Other (specify) \_\_\_\_\_

Student Name \_\_\_\_\_ Sex \_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_ Hispanic \_\_\_ Race \_\_\_

Parent/Guardian/Surrogate \_\_\_\_\_ 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.

\_\_\_\_\_  
*PARENT SIGNATURE* \_\_\_\_\_ *DATE* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_