

School Name	
Site Code	

Student Name	
Student Address	
Parent Name	
Parent Phone #	
Parent Email	

I am the parent/guardian of (child's name) \_\_\_\_\_, who seeks enrollment at (school name) \_\_\_\_\_.

I understand that the school is not obligated to provide special education and related services to my child, and I hereby waive any right my child may have to these services at this school, now and in the future.

I understand that my child will remain eligible for any Equitable Services available from the public school system pursuant to the Equitable Services provisions of IDEA at 34 CFR §300.130, et seq.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Instructions for form:**

This form is being provided by the Louisiana Department of Education for the use of the participating school to document that the parent/guardian has been informed by the school administration that the school is not obligated to provide special education and related services to Scholarship students with disabilities.

- The parent/guardian must complete this form.
- The original signed form for each Scholarship recipient must be maintained in the student's cumulative folder upon enrollment.
- A copy of this form for each Scholarship student must be maintained in the school's administrative records.
- Compliance with this requirement is subject to audit. Therefore, this information must be retained for the duration of the student's enrollment plus three years, together with all other information related to the enrolled Scholarship award student.

*Louisiana Believes*