



LOUISIANA DEPARTMENT OF EDUCATION

Louisiana Scholarship Program School Year 2014-2015

Parent Waiver of Special Education Services For

(School name)

- I am the parent/responsible adult of _____, who seeks enrollment at _____ School.
- 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.

Signed by

Parent/Responsible Adult

Date

Instructions for the Parent Waiver of Special Education Services

This form is being provided by the Louisiana Department of Education for the use of the participating school to document that the parent/responsible adult has been informed by the school administration that the school will not provide special education and related services to scholarship award students with disabilities. The parent/responsible adult 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 award 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