

**Bridgehampton Union Free School District
Committee on Special Education
Box 3021
2685 Montauk Hwy
Bridgehampton, NY 11932
631-537-0271 ext. 117 631-537-1023 fax**

Parent Nonpublic School Acknowledgement/Consent Form for Release of Records

In order to plan for your child, please indicate your decision below with your signature and return it to our office as soon as possible.

According to federal and State requirements, as the nonpublic school is not located within the geographic boundaries of my district of residence, I understand that I must discuss and arrange for special education services with the school district where my child's nonpublic school is located.

- I give permission for the Bridgehampton Committee on Special Education to exchange all pertinent educational information including my child's Individualized Education Program (IEP) or Individualized Education Services Program (IESP), with the non-public school listed below and the public school district in the town in which I reside.
- I do not consent to my child's records being released to the nonpublic school below or the public school district in which I reside.

I have elected to place my child in a nonpublic school, at my own expense, as indicated below:

STUDENT NAME: _____

NONPUBLIC SCHOOL: _____

DISTRICT OF RESIDENCE: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

NAME OF SCHOOL DISTRICT WHERE THE NONPUBLIC SCHOOL IS LOCATED:

Bridgehampton UFSD

Parent Signature

Date