

LEYDEN AREA SPECIAL EDUCATION COOPERATIVE

Internal Change Notice

<input type="checkbox"/> DISTRICT <input type="checkbox"/> COOP <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER PUBLIC	<input type="checkbox"/> INITIAL PLACEMENT <input type="checkbox"/> PROGRAM CHANGE <input type="checkbox"/> DROP <input type="checkbox"/> OTHER	<input type="checkbox"/> TRANS ONLY	<input type="checkbox"/> ADDRESS CHANGE ONLY <input type="checkbox"/> NEW RESIDENT DISTRICT <input type="checkbox"/> NEW HOME SCHOOL <input type="checkbox"/> NEW PROGRAM _____ DATE EFFECTIVE
---	--	-------------------------------------	--

C U R R E N T NAME (L,F,M): _____ ADDRESS _____ CITY/ST/ZIP _____ PARENTS _____ RES DIST. _____ CLASS _____ TEACHER _____ SERVING SCHOOL _____ <input type="checkbox"/> ADD Date Effective _____ <input type="checkbox"/> DROP Date Effective _____	BIRTHDATE _____ GRADE _____ HOME PHONE _____ WORK/OTHER _____ RES SCHOOL _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">P</td> <td>ADDRESS</td> </tr> <tr> <td style="text-align: center;">R</td> <td></td> </tr> <tr> <td style="text-align: center;">E</td> <td>I RES DIST.</td> </tr> <tr> <td style="text-align: center;">V</td> <td>N RES SCHOOL</td> </tr> <tr> <td style="text-align: center;">I</td> <td>F CLASS</td> </tr> <tr> <td style="text-align: center;">O</td> <td>O TEACHER</td> </tr> <tr> <td style="text-align: center;">U</td> <td>S SERVING</td> </tr> <tr> <td style="text-align: center;">S</td> <td>SCHOOL</td> </tr> </table>	P	ADDRESS	R		E	I RES DIST.	V	N RES SCHOOL	I	F CLASS	O	O TEACHER	U	S SERVING	S	SCHOOL
P	ADDRESS																
R																	
E	I RES DIST.																
V	N RES SCHOOL																
I	F CLASS																
O	O TEACHER																
U	S SERVING																
S	SCHOOL																

T R A N S <input type="checkbox"/> LASEC - Rich Lee <input type="checkbox"/> OTHER	Both Ways _____ <input type="checkbox"/> BUS <input type="checkbox"/> CAB	End Trans Only _____ <input type="checkbox"/> DISTRICT	_____ A.M. Only _____ P.M. Only
---	--	---	------------------------------------

Comment Area

**P
L
E
A
S
E

N
O
T
E

R
E
A
S
O
N**

School/Program/Teacher _____

_____ (F) Moved out of district. (G) Where? _____

_____ (I) Returned to a regular education program full time (terminated).

_____ (J) Withdrawn by parent and placed independently.

_____ (D) Dropped out (age 15 yrs. or older).

_____ (A) Graduated High School (H) _____ Graduated Elementary School

_____ (X) Changed spelling of name, birth date, fund code, private facility code.

_____ (N) Refused services.

Explain: _____

Date: _____ TAS/Designee _____

Date: _____ *Michael T. McElherne, Director _____

* Signature required for private or outside cooperative placements.