**MANHEIM TOWNSHIP SCHOOL DISTRICT**

***Parent Withdrawal of Consent for Special Education Services***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child (please print clearly) Date of birth Current school assignment

 I am the parent or legal guardian of the above student, who is currently identified as a child with a disability and is receiving, or is eligible to receive, special education and related services. I hereby withdraw my consent for my child to receive special education and related services in any form. In doing so, I understand that:

the District will issue to me a Notice of Recommended Educational Placement/Prior Written Notice (“NOREP/PWN”) notifying me that all special education and related services to which my child is entitled as an identified student with a disability will be discontinued; and

all special education and related services, all rights and protections to which my child is entitled as an identified student with a disability, and all rights and protections that I have as the parent/guardian of a child with a disability, will cease within ten days of my receipt of this NOREP/PWN without any further action by me; and

once the cessation of special education and related services takes effect, my child will be treated in accordance with and subject to the same academic and behavioral standards, criteria, and consequences that are applicable to nondisabled students at the same grade level as my child.

I understand that, by withdrawing consent for special education and related services for my child, I am waiving important rights and protections that both my child and I have under state and federal law. I have received written notice of those rights and protections from the District and am waiving them knowingly and voluntarily.

If any person has rights to act as a parent or legal guardian of the above child and has not signed this form, I represent that I have notified such person or persons of this withdrawal of consent and of the waiver of important rights and protections that will result.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of parent or legal guardian Signature of parent or legal guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of parent or legal guardian Signature of parent or legal guardian Date