

NEED TO REGISTER ? LET'S GET STARTED!

What Should I Bring With Me?

STUDENT PROOF OF AGE

(must be the original document)

- Birth Certificate
- Passport
- Green Card/I-94

PARENT/GUARDIAN PHOTO ID

- Driver's License
- Passport
- Work ID

If you are a guardian, please provide documentation of your guardianship status.

IMMUNIZATIONS/PHYSICAL EXAM

- Vaccine History from Birth to present
- Physical Exam within the last 12 months.
- PPD required for students who have lived or traveled outside of the US for more than 90 days.

****See back page for grade specific requirements.**

Proof of residency

- A signed current lease/rental
- One of the following dated (60 days or less) utility bill, bank statement or pay stub

Report Card or Transcript:

- Grades 1—8: Report Card
- Grades 9—12 : Official Transcript for each year the student has attended high school.

IEP (if applicable)

- All pages of the Individualized Education Plan

IMPORTANT INFORMATION:

Last registration is processed promptly one (1) hour before closing.

Attention: In the spirit of efficiency, we respectfully request that you limit your request for assistance with printing PDF files and Pictures to 2 items. Thank you for your understanding.

Where?

Registration & Placement Center

325 Ocean Street

Providence, Rhode Island 02905

Tel: 401-456-9297

Fax: 401-278-0553

text: 401-4207189

email: infoereg@ppsd.org

When?

Standard Days/Hours

Monday—Friday
8am - 4:00 pm

School Vacation Days/Hours

Monday—Friday
8am - 3:30 pm

FOR MORE INFORMATION

VISIT OUR WEBPAGE AT:

www.providenceschools.org/registration

HEALTH REQUIREMENTS

Currently, students must receive the following immunizations prior to their enrollment for
KINDERGARTEN THROUGH GRADE 12

Requirements effective August 1, 2015

<i>PRE-SCHOOL</i>	<ul style="list-style-type: none"> • DTaP • HepB • Polio-IPV • PCV • HIB • MMR • Varicella • Rotavirus • Hepatitis A • Influenza • Lead Screening • <i>Evidence of Physical Exam within the past twelve (12) months or appointment within six (6) months of entering school.</i> <p style="text-align: center;"><i>Number of doses are age appropriate immunizations for all CDC recommended vaccines.</i></p>
<i>KINDERGARTEN</i>	<ul style="list-style-type: none"> • DTaP Five (5) doses • HepB Three (3) doses (final dose after 6-months old) • Polio Four (4) doses (final dose after 4-years old) • PCV • HIB • MMR Two (2) doses • Varicella Two (2) doses or proof from your child's physician stating that your child has a history of chicken pox disease. • Hepatitis A • Evidence of Lead Screening • Evidence of Vision Screening • <i>Evidence of Physical Exam within the past twelve (12) months or appointment within six (6) months of entering school.</i>
<i>SEVENTH (7TH) GRADE</i>	<ul style="list-style-type: none"> • DTaP Five (5) doses • HepB Three (3) doses (final dose after 6-months old) • Polio Four (4) doses (final dose after 4-years old) • PCV • HIB • MMR Two (2) doses • Varicella Two (2) doses or proof from your child's physician stating that your child has a history of chicken pox disease. • Hepatitis A • Tdap One (1) dose • MCV One (1) dose • HPV One (1) dose • <i>a. Beginning August 1, 2016 all entering 8th grader— Two (2) doses</i> • <i>b. Beginning August 1, 2017 all student entering 9th grade— Three (3) doses</i> • <i>Evidence of Physical Exam within the past twelve (12) months or appointment within six (6) months of entering school.</i>
<i>TWELTH (12TH) GRADE</i>	<ul style="list-style-type: none"> • Evidence of all of the above • Booster dose of MCV for entry into 12th grade (<i>CDC recommends booster at age 16</i>) • <i>Evidence of Physical Exam within the past twelve (12) months or appointment within six (6) months of entering school.</i>

If you have any questions or concerns contact Donna O'Connor, Nurse/Health Services Administrator, at 456-9317 or donna.oconnor@ppsd.org for more information on health and safety topics.

HEALTH HISTORY

Parents, please provide all health information requested in this double sided form.

Student Last Name	Student First Name	Student Middle Name	Student's Date Of Birth
STUDENT & PARENT/GUARDIAN ADDRESS:			
Street No.	Street Name	Apt/Unit/Floor	City
FAMILY INFORMATION: (please print)			
Parent/Guardian Last Name	Parent/Guardian First Name	Primary Telephone	□ Other □ Work Number
		()	()
□ Mother □ Father □ Legal Guardian □ Other: _____		Preferred Language: _____	
EMERGENCY CONTACT INFORMATION: (please print)			
Emergency Contact Last Name	Emergency Contact First Name	Primary Telephone	□ Other □ Work Number
		()	()
Relationship to the Student: _____		Preferred Language: _____	
Emergency Contact Address: _____ City: _____, State: _____			
MEDICAL DOCTOR/CLINIC:			
		()	
Physician/Clinic Name	Street/City/State/Zip Code	Telephone	

MEDICAL HISTORY: (Please check yes or no for each of the following diseases or conditions.)

__ Yes __ No Chickenpox	__ Yes __ No Tuberculosis	__ Yes __ No Headaches
__ Yes __ No German Measles <i>(Rubella)</i>	__ Yes __ No Whooping Cough	__ Yes __ No Diabetic
__ Yes __ No Measles	__ Yes __ No Vision Problems	__ Yes __ No Frequent sore throat
__ Yes __ No Mumps	__ Yes __ No Hearing Problems	__ Yes __ No Kidney Problems
__ Yes __ No Pneumonia	__ Yes __ No Asthma	__ Yes __ No Heart Problems
__ Yes __ No Rheumatic Fever	__ Yes __ No Eczema	__ Yes __ No Speech Problems
__ Yes __ No Scarlet Fever	__ Yes __ No Convulsions	__ Yes __ No Seasonal Allergies pollen, grass, trees, etc..

Does your child have allergies to ☐ food or ☐ medicine? ☐ YES ☐ NO *If you answered yes, was there an Epi-Pen prescribed?* ☐ YES ☐ NO *please explain:* _____

Does your child currently suffer from a serious medical condition? ☐ YES ☐ NO

If you answered yes, please list the medical condition: _____

Has your child had any surgeries ? _____ ☐ Yes ☐ No **Year:** _____

Has your child had any accidents or injuries? _____ ☐ Yes ☐ No **Year:** _____

Pre-K & K Students has your child had a lead screening? _____ ☐ Yes ☐ No **Date:** _____

STUDENT'S NAME:			DATE OF BIRTH		
_____	_____	_____	/	/	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>			<i>Month Day Year</i>

MEDICATIONS:

Is the student currently taking any medications or treatments? ☐ Yes ☐ No

- | | | |
|----------|---------------|-----------------------------|
| 1. _____ | Dosage: _____ | How many times a day? _____ |
| 2. _____ | Dosage: _____ | How many times a day? _____ |
| 3. _____ | Dosage: _____ | How many times a day? _____ |
| 4. _____ | Dosage: _____ | How many times a day? _____ |

FAMILY HEALTH HISTORY

Is there any family member in the household with a serious health condition that is important to share with us?

Relationship: _____ Condition: _____

Does the student have any documented physical, emotional or learning disabilities?

_____ Yes _____ No

If yes, please use the following space to provide any important details.

Who is providing this information? ☐ Parent ☐ Guardian ☐ Nurse Teacher, Registration Center

What school or child care center did your child last attend?

School Name: _____

City/Town _____ State _____ Telephone Number _____

Has the student recently lived/traveled outside of the United States of America? ☐ Yes ☐ No

If you answered yes, please list the location and length of the student's stay.

Location: _____ **Length of Stay:** _____

I UNDERSTAND THAT THIS INFORMATION MAY BE SHARED AND DISCUSSED WITH APPROPRIATE SCHOOL PERSONNEL WHEN NECESSARY. I GIVE PERMISSION FOR SCHOOL PERSONNEL TO COMMUNICATE AND EXCHANGE INFORMATION WITH THE STUDENT'S PHYSICIAN/CLINIC, IF NECESSARY.

Signature Parent/Guardian

Date

REVISED 10/14

NEW STUDENT INFORMATION FORM

This student information form collects new data on race and ethnicity, following federal government guidelines. Your answers are confidential. Please complete the form in the language most comfortable for you and return it today.

This form should be completed by the parent/legal guardian, and applies to all student new and continuing in the Providence Public School District.

Last Name: _____ First Name: _____ MI: _____

Date of birth: ____/____/____

Primary Telephone: () _____ - _____

Alternate Telephone: () _____ - _____

Gender: ☐ Male ☐ Female

Parent email: _____

Gender Identity ☐ Male ☐ Female

Student email: _____

☐ Other _____

Two-part question on ethnicity and race:

The following categories are provided and required by the federal government.

A. Ethnicity	B. Race	C. Country of Origin														
<p>Is the student Hispanic/Latino?</p> <p><i>(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish or origin)</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I prefer not to answer</p>	<p>What is the student's race?</p> <p><i>(Check as many as apply to indicate what the student considers their race to be)</i></p> <p><input type="checkbox"/> Native American or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> African American/Black</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> I prefer not to answer</p>	<p>Asian/South East Asian</p> <p><i>If your child is South East Asian, please check the country of origin or ethnic group.</i></p> <table border="0"><tr><td><input type="checkbox"/> Brunei</td><td><input type="checkbox"/> Burma (Myanmar)</td></tr><tr><td><input type="checkbox"/> Cambodia</td><td><input type="checkbox"/> Hmong</td></tr><tr><td><input type="checkbox"/> Indonesia</td><td><input type="checkbox"/> Laos</td></tr><tr><td><input type="checkbox"/> Malaysia</td><td><input type="checkbox"/> Philippines</td></tr><tr><td><input type="checkbox"/> Singapore</td><td><input type="checkbox"/> Thailand</td></tr><tr><td><input type="checkbox"/> Timor-leste</td><td><input type="checkbox"/> Vietnam</td></tr><tr><td colspan="2"><input type="checkbox"/> I prefer not to answer</td></tr></table>	<input type="checkbox"/> Brunei	<input type="checkbox"/> Burma (Myanmar)	<input type="checkbox"/> Cambodia	<input type="checkbox"/> Hmong	<input type="checkbox"/> Indonesia	<input type="checkbox"/> Laos	<input type="checkbox"/> Malaysia	<input type="checkbox"/> Philippines	<input type="checkbox"/> Singapore	<input type="checkbox"/> Thailand	<input type="checkbox"/> Timor-leste	<input type="checkbox"/> Vietnam	<input type="checkbox"/> I prefer not to answer	
<input type="checkbox"/> Brunei	<input type="checkbox"/> Burma (Myanmar)															
<input type="checkbox"/> Cambodia	<input type="checkbox"/> Hmong															
<input type="checkbox"/> Indonesia	<input type="checkbox"/> Laos															
<input type="checkbox"/> Malaysia	<input type="checkbox"/> Philippines															
<input type="checkbox"/> Singapore	<input type="checkbox"/> Thailand															
<input type="checkbox"/> Timor-leste	<input type="checkbox"/> Vietnam															
<input type="checkbox"/> I prefer not to answer																
Parent Signature: _____	Date: ____/____/____															

About this form: The data with the ethnicity and race categories will be used in the same manner that such information is currently used by the state and federal government. For example, in reporting and analyzing test results, such as the Rhode Island Comprehensive Assessment System (RICAS).

Providence Public School District,

Student Registration & Placement Center

325 Ocean Street, Providence, RI 02905

Telephone: (401) 456-9297 • Fax: (401) 278-0553 • Text: 401-420-7189

email: infoereg@ppsd.org • www.providenceschools.org/registration



Pro^Lvidence
Schools



State of Rhode Island and Providence Plantations
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 Shepard Building
 255 Westminster Street
 Providence, Rhode Island 02903-3400

Angélica Infante-Green

Home Language Survey (HLS)

To be completed by Parent or Guardian

Dear Parent or Guardian,

The information requested on this form is necessary for the most appropriate school placement of your child, and will not be used for any other purposes¹.

Thank you for your collaboration.

Home Language Code:

Student Name:

First

Middle

Last

Date of Birth:

Place of Birth²:

Month

Day

Year

Parent or Guardian Relationship to Student:

☐ Mother ☐ Father ☐ Other: _____

Language Background

(Please check all that apply)

1. What is the primary language used in the home, regardless of the language spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Other: _____ <i>Specify</i>
2. What is the language most often spoken by the student?	<input type="checkbox"/> English <input type="checkbox"/> Other: _____ <i>Specify</i>
3. What is the language that the student first acquired?	<input type="checkbox"/> English <input type="checkbox"/> Other: _____ <i>Specify</i>
4. What language(s) does the student understand?	<input type="checkbox"/> English <input type="checkbox"/> Other: _____ <i>Specify</i>
5. What languages(s) does the student speak?	<input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Does not speak <i>Specify</i>
6. What languages(s) does the student read?	<input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Does not read <i>Specify</i>
7. What languages(s) does the student write?	<input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Does not write <i>Specify</i>

¹ Required by Rhode Island Law (R.I.G.L. § 16-54-2) and the Equal Educational Opportunity Act (20 U.S.C. §1703(f))

² Families are not required to provide the place of birth, but providing the information can help LEAs to better prepare to be culturally responsive.

Last Updated: 4/30/2020

Telephone (401)222-4600 Fax (401)222-6178 TTY (800)745-5555 Voice (800)745-6575 Website: www.ride.ri.gov

The R.I. Board of Education does not discriminate on the basis of age, sex, sexual orientation, gender identity/expression, race, color, religion, national origin, or disability.

Family Interview—Education History

1. Do you think your child may have any difficulties that affect their ability to understand, speak, read or write in English or any other language? 1a. How Severe do you think these difficulties are?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Not Sure * If yes, please explain: _____ <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat Severe <input type="checkbox"/> Very Severe
2a. Has your child ever been referred for a special education evaluation in the past? *If referred for an evaluation, has your child been identified? *If referred for an evaluation, and identified has your child ever received any special education services in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Yes* Type of services: _____
2b. Age at which services received (Please check all that apply): 2c. Does your child have an Individualized Education Program (IEP), or 504 Plan?	<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education) <input type="checkbox"/> No <input type="checkbox"/> Yes
3. In which language do you prefer to receive oral communications from the school district? 4. In which language do you prefer to receive written communications from the school or district?	<input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> English <input type="checkbox"/> Other: _____
5. Indicate the date the student first enrolled in any school in the US.	_____ <div style="text-align: right;">mm/dd/yyyy</div>

Signature of Parent/Guardian _____

Month: _____

Date: _____

Year: _____

Print the name of Parent/Guardian _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLS		
Name: _____	Position: _____	
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____		
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLS AND CONDUCTING INDIVIDUAL INTERVIEW		
Name: _____	Position: _____	
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____		
Oral Interview Necessary: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Individual Interview: _____ <div style="text-align: center;">Month Day Year</div>	
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING THE LANGUAGE SCREENING ASSESSMENT		
Name: _____	Position: _____	
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS: _____		
NAME/POSITION OF QUALIFIED PERSONNEL REPORTING THE LANGUAGE SCREENING SCORES		
Name: _____	Position: _____	
Date of Screener: _____ <div style="text-align: center;">Month Day Year</div>	Name of the Language Screening Assessment: _____	Score achieved: _____
Proficiency Level Achieved: Entering 1 <input type="checkbox"/> / Beginning 2 <input type="checkbox"/> / Developing 3 <input type="checkbox"/> / Expanding 4 <input type="checkbox"/> / Bridging 5 <input type="checkbox"/> / Reaching 6 <input type="checkbox"/>		
FOR STUDENTS WITH AN IEP OR 504 PLAN, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED: _____		

Telephone (401)222-4600 Fax (401)222-6178 TTY (800)745-5555 Voice (800)745-6575 Website: www.ride.ri.gov

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STUDENT HISTORY

Student's Last Name:	Student's First Name:	Middle Initial:
Where was the student born?		
City:	State/Province:	Country:
If not born in the US, when did the student first arrive?		Month: _____/Day _____/Year _____
Where did the student reside before moving to Providence?		
City _____	State/Province: _____	Country: _____
Please provide the dates of their stay at the location listed above.		Arrival _____/_____/_____ Departure _____/_____/_____
Has the student traveled or lived abroad for a period of over 90 days, within the last 12 months?		____ Yes ____ No
If you selected yes, provide the City, State/Province, Country below:		Arrival _____/_____/_____ Departure _____/_____/_____
City _____	State/Province _____	Country _____

Does the student.....		
read in English ____ Yes ____ No, the student reads in _____		
write in English ____ Yes ____ No, the student reads in _____		
Pre-school history:	Kindergarten/Grade One Students only:	
Has the student ever attended pre-school? ____ Yes ____ No	Does the student know?	Yes No
_____	Colors	<input type="checkbox"/> <input type="checkbox"/>
City _____ State/Province _____ Country _____	Shapes	<input type="checkbox"/> <input type="checkbox"/>
How long did the student attend?	Say the alphabet	<input type="checkbox"/> <input type="checkbox"/>
_____ less than a year ____ 1 year ____ 2 years	Write the alphabet	<input type="checkbox"/> <input type="checkbox"/>
	Read the alphabet	<input type="checkbox"/> <input type="checkbox"/>
	Write their name	<input type="checkbox"/> <input type="checkbox"/>
List the school the student last attended:	Current Grade Level: _____	
____ Elementary ____ Middle ____ High		
Name: _____	Please check one for each category below:	Yes No
Address _____	ESL	<input type="checkbox"/> <input type="checkbox"/>
City: _____ State: _____	Bilingual Dual Lang	<input type="checkbox"/> <input type="checkbox"/>
Country: _____	IEP	<input type="checkbox"/> <input type="checkbox"/>
	504 Plan	<input type="checkbox"/> <input type="checkbox"/>
	Advanced Academics	<input type="checkbox"/> <input type="checkbox"/>
	Other program:	_____
Date last attended: ____/____/_____		

List any other school the student has attended: (*check one*)

___ Elementary ___ Middle ___ High

Name: _____

Address _____

City: _____ State: _____

Country: _____

Date last attended: ____/____/____

Indicate Grade Level: _____

Please check one for each category below:

Yes

No

ESL ☐ ☐

Bilingual Dual Lang ☐ ☐

IEP ☐ ☐

504 Plan ☐ ☐

Advanced Academics ☐ ☐

Other program: _____

List any other school the student has attended: (*check one*)

___ Elementary ___ Middle ___ High

Name: _____

Address _____

City: _____ State: _____

Country: _____

Date last attended: ____/____/____

Indicate Grade Level: _____

Please check one for each category below:

Yes

No

ESL ☐ ☐

Bilingual Dual Lang ☐ ☐

IEP ☐ ☐

504 Plan ☐ ☐

Advanced Academics ☐ ☐

Other program: _____

PARENT HISTORY

Parent One: ___ mother ___ father ___ guardian

Country of birth: _____

Please list the country where the major part of the parent's education was completed:

Please indicate the highest level of education completed (check one):

Elementary School ☐

Middle School ☐

High School ☐

Technical/Trade School ☐

Two-year degree ☐

Four-year degree ☐

Master's degree ☐

Doctorate degree ☐

Parent Two: ___ mother ___ father ___ guardian

Country of birth: _____

Please list the country where the major part of the parent's education was completed:

Please indicate the highest level of education completed (check one):

Elementary School ☐

Middle School ☐

High School ☐

Technical/Trade School ☐

Two-year degree ☐

Four-year degree ☐

Master's degree ☐

Doctorate degree ☐

Signature of parent/guardian: _____ Date: _____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL STUDENT RECORDS
AUTORIZACIÓN PARA EXPEDIENTES CONFIDENCIALES DEL ESTUDIANTE

Student Last Name <i>Apellido</i>	Student First Name <i>Primer Nombre</i>	DOB <i>Fecha de Nacimiento</i>	Grade <i>Curso</i>	Academic Program <i>Programa Académico</i>
---------------------------------------------	---------------------------------------------------	------------------------------------------	------------------------------	------------------------------------------------------

I authorize the named institution or agency to release confidential records for:

Autorizo a la institución o agencia nombrada a proveer los archivos escolares confidenciales para:

Please check one: ☐ **Most recent school attended** ☐ **Health Care Provider** ☐ **Other Community Agency**
Marque una: *Escuela recientemente asistida* *Proveedor de Cuidados de Salud* *Otra agencia comunitaria*

Institution Name <i>(Nombre de la Institución):</i>	Address <i>(Dirección):</i>
City <i>(ciudad)</i> , State <i>(Estado)</i> , Zip Code <i>(código postal)</i> :	Telephone <i>(Teléfono):</i> () - Fax: () -
	Email <i>(correo electrónico):</i>

Only the information checked may be released to the Student Registration & Placement Center

by fax: (401) 278-0553 or email: infoereg@ppsd.org

ATTENTION: Brenda Valenzuela, Coordinator 401-456-9100 x13109

A delayed response may postpone the student's registration and/or school assignment.

Grades: ☐ Most Recent Report Card ☐ Official Middle School Transcript ☐ Official High School Transcript
☐ Birth Certificate/Pass Port ☐ Immunizations and Physical Exam
☐ IEP or Special Education Evaluations including hours of service
☐ Test Scores (WIDA/ACCESS/STAR) ***Test scores must be dated within the current calendar year.***

Parental permission is no longer required when records are requested by authorized school personnel. (Family Education rights and Privacy Act, final rule on Education records Federal Records, Federal Register, June 1976, Vol. 41 110, page 24673.)

Ya no se requiere el permiso de los padres cuando el personal escolar autorizado solicita los registros. (Ley de privacidad y derechos de educación familiar, norma final sobre registros educativos Registros federales, Registro federal, junio de 1976, vol. 41 110, página 24673.)

Parent/Guardian Information *(Información de padre/tutor)*

First Name <i>(nombre):</i>	Last Name <i>(apellido):</i>
Address <i>(dirección):</i>	Apt./Unit <i>(Apt./Unidad):</i> Providence
Rhode Island, Zip Code <i>(Código postal):</i>	Primary Telephone () -
Email address <i>(correo electrónico):</i>	@ .

Parent, guardian or educational advocate, please read and sign below:

No special education records will be released to any person or agency without prior written consent of the parent, guardian or education advocate specifying which of these records are to be released and to whom. All relevant records with respect to the identification, evaluation, and placement of your child will be maintained in a central location and available for your examination on an appointment basis. Also, this authorization may be withdrawn by the parent, guardian or educational advocate at any time in the future. This permission form is valid up to 90 days from the date of the signature.

Padre, tutor o representante educativo lea favor de leer y firme a continuación:

No se divulgarán registros de educación especial a ninguna persona o agencia sin el consentimiento previo por escrito del padre, tutor o defensor de la educación que especifique cuáles de estos registros se divulgarán y a quién. Todos los registros relevantes con respecto a la identificación, evaluación y colocación de su hijo se mantendrán en una ubicación central y estarán disponibles para su examen con cita previa. Además, esta autorización puede ser retirada por el padre, tutor o defensor educativo en cualquier momento en el futuro. Este formulario de permiso es válido hasta 90 días a partir de la fecha de la firma.

Relationship *(Relación) - Check one option* *(marque una opción):* ☐ Parent *(padre)* ☐ Guardian *(tutor)* ☐ Education Advocate *(representante educativo)*

Signature *(firma)*: **Date** *(fecha)*: