

Kenmore-Town of Tonawanda Union Free School District

**Student Services
1500 Colvin Boulevard
Buffalo, New York 14223
Phone: (716) 874-8400**

May 21, 2007

Dear Parent/Guardian:

Recently, NY State laws and regulations pertaining to students with disabilities who are parentally placed in private schools have changed. As of July 1, 2007, the new law requires the public school district in which the private school is **located** to identify, evaluate and provide special education services to students with disabilities attending the private school.

By signing the enclosed form, you will be allowing for the exchange of all of your child's educational records and information between your child's private school and the Ken-Ton School District. In addition, you are authorizing the exchange of educational records and information between your public school district and the Ken-Ton School District.

Upon receipt of your consent, the Ken-Ton School District will assume responsibility for your child's special education services at the private school. This will include evaluation (if necessary), conducting a Committee on Special Education (CSE) Meeting, the development of your child's Individualized Education Program (IEP) and the implementation of your child's IEP.

Please send your signed consent form to:

St. Andrew's Country Day School
1545 Sheridan Drive
Kenmore, NY 14217

If you have any questions, please contact the Ken-Ton School District, Department of Special Education at 874-8400.

Sincerely,

Alan J. Erzkus
Director of Secondary Special Education

MaryAnn LoVullo
Director of Elementary Special Education

Thomas A. Wolff
Director of Student Services

**Kenmore-Town of Tonawanda
Union Free School District**

Dept. of Student Services

Consent to Exchange Student Records & Information

Student Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Private School Attending: _____

Contact Person at Private School: _____

Public School District of Residence: _____

Contact Person: _____

I hereby give my consent for the exchange of my child's educational records and information between my child's private school _____ and the Ken-Ton School District; and

I hereby give my consent for the exchange of educational records between my child's school district of residence _____ and the Ken-Ton School District.

Parent/Guardian

Signature: _____ **Date:** _____

**If a parent/guardian chooses not to provide consent for the Ken-Ton School District to exchange educational records and information, the Ken-Ton School District will no longer consider the student eligible for special education services pursuant to 34 C.F.R. §§300.132 - 300.14.