



Anchorage School District
P.O. Box 196614, Anchorage, Alaska 99519-6614

Consent for Initial Placement

Student's Legal Name _____ Birth Date _____
Last First Middle

Eligibility Category _____

I, as parent or guardian of the above named child, give my consent for the placement of my child in the special education program documented in my child's Individual Education Program (IEP), with the understanding that the need for this placement will be reviewed at least once annually in relation to my child's educational needs. I have been fully informed of all information relevant to the proposed program placement. I understand that the granting of consent is voluntary and may be revoked prior to the initial placement occurring

The *Notice of Procedural Safeguards* is attached to this letter.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date