

**Kenai Peninsula Borough School District
Parent Consent for Special Education Services**

Student: Person, Ima

Birthdate: 8/30/1997

I, as the parent or guardian of the above named student, give my consent for the provision of special education services for my student. I have been fully informed of all evaluative information relevant to my student's educational needs. I understand that the granting of consent is voluntary and may be revoked at any time even after services have been provided.

I have been fully informed of all evaluative information relevant to my student's educational needs. I understand that if I refuse services I may not hold the local education agency responsible for providing a Free and Appropriate Public Education (FAPE) for my student and that the local education agency shall not be required to make available a FAPE and shall not be required to convene IEP meetings about my student.

☐ I CONSENT

☐ I DO NOT CONSENT

Signature of Parent or Legal Guardian

Date

The district is required to provide a Written Notice to document the refusal of consent for services.

☐ The *Notice of Procedural Safeguards* has been given to the parent.