



Student Number _____

Office Use Only

The School District of Palm Beach County
Department of Exceptional Student Education
Private School Initiative (Parentally Placed Students)

REQUEST FOR SERVICES

Please complete the following:

1. Student Name _____ D.O.B. _____
2. Parent's Name _____ Telephone No. _____
3. Address _____
4. Private School Currently Attending _____
5. Current Grade Level _____
6. Has your child previously received Special Education services on a public school site?
Yes _____ No _____
7. Last public school where services have been provided: _____
8. Has your child previously received Special Education services on another private school site? Yes _____ No _____
9. Last private school where services have been provided: _____
10. When were services provided? *Specify School Year (s)* _____

If your child is eligible to receive Special Education services per the district's current plan for the provision of services to parentally placed private school students, you will be contacted to participate in a Services Plan meeting at the private school site.

*Please return completed form to:
John Dassie, Administrative Assistant
john.dassie@palmbeachschools.org
Department of Exceptional Student Education
3378 Forest Hill Blvd., A-203
West Palm Beach, FL 33406
Fax# 561-629-8539*