

Spencer-Owen Community School Corporation

205 E. Hillside Ave

Spencer, IN 47460

Phone: (812) 829-2233 Fax: (812) 829-6614

www.socs.k12.in.us

Date _____

We have elected to voluntarily withdraw _____ from _____ to provide home school services. We understand that Spencer-Owen Community Schools can provide special education and related services to a parentally placed nonpublic school student who has a disability through and Individualized Service Plan.

_____ We elect to schedule a case conference in order to discuss special education and related services that may be offered through an Individualized Service Plan.

_____ We decline to schedule a case conference in order to discuss special education services through and Individualized Service Plan at this time. We do realize that we may contact _____ School at any time in the future to discuss and Individualized Service Plan while _____ is provided home school services or an Individualized Education Plan in the event _____ reenrolls at _____ School.

Parent Signature

Date

Spencer-Owen Community Schools Representative

Date