COPESD

NOTICE OF ENROLLMENT FORM

THIS FORM IS INTENDED FOR STUDENTS WHO ARE ENROLLING IN YOUR DISTRICT WITH AN ACTIVE SPECIAL EDUCATION ELIGIBILITY.
The school district will provide the student with a free appropriate public education (FAPE) until the current IEP is implemented OR a determination has been made to hold a new IEP within 30 school days from the date of district administrator signature.

ALL FIELDS ARE REQUIRED

UIC: _____ District of Residence: _____
Name: _____ County: _____
DOB: _____ Grade: _____ Gender: ☐ M ☐ F
Parent Name(s): _____ _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Case Manager: _____
Enrolling School District: _____ Building: _____
Primary Language (if not English): _____

Race/Ethnicity:
☐ Hispanic/Latino
☐ Asian American
☐ White/Caucasian
☐ American Indian/Alaska Native
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander

PLEASE CHECK AN OPTION BELOW

****NOTE: Most circumstances require COP Ancillary Staff/Special Education Teacher/Administrator collaboration.**

1) **Student Enrolls from Within a COP District** (i.e. Cheboygan to Inland Lakes)
   The IEP will be implemented exactly as written.
   A TRANSFER IEP will be held by _____
   Name & initials of Administrator OR Representative to approve implementation: _____
2) **Student enrolls from district using Easy IEP.** **District Student is *FROM:* _____**
   The IEP will be implemented exactly as written.
   A TRANSFER IEP will be held by _____
   Name & initials of Administrator OR Representative to approve implementation: _____
3) **Student Enrolls from District within Michigan** (Not an EASY IEP Student)
   A TRANSFER IEP will be held by _____
4) **Student enrolls from a District OUT OF STATE**
   IMMEDIATELY forward a copy of this Notice of Enrollment in Special Education Form, most recent IEP AND MET to COPESD. Contact COP Staff to complete **"INITIAL"** REED and MET. **Initial IEP** will be held by: _____

PRIMARY DISABILITY: _____
IF SLD, PLEASE INCLUDE SPECIFIED AREAS: _____

COMPLETE TIME & FREQUENCY FOR ALL PROGRAMS AND SERVICES THAT APPLY:

Program(s)/Service(s): _____ Special Education Teacher: _____
Time & Frequency:_____ min hrs per day week month
*** IF THE PROGRAM LISTED IS 194-RR (resource room), PLEASE SPECIFY WHETHER ITS ELEMENTARY or SECONDARY.*

Speech & Language – provider: _____ ***Time & Frequency:*** _____*min* ☐*hrs* ☐*per* ☐*day* ☐*week* ☐*month*
Occupational Therapy – provider:_____ ***Time & Frequency:*** _____*min* ☐*hrs* ☐*per* ☐*day* ☐*week* ☐*month*
Physical Therapy – provider: _____ ***Time & Frequency:*** _____*min* ☐*hrs* ☐*per* ☐*day* ☐*week* ☐*month*
Social Worker – provider: _____ ***Time & Frequency:*** _____*min* ☐*hrs* ☐*per* ☐*day* ☐*week* ☐*month*
Visual Impairment Services – provider: _____ ***Time & Frequency:*** _____*min* ☐*hrs* ☐*per* ☐*day* ☐*week* ☐*month*
Hearing Impairment Services – provider: _____ ***Time & Frequency:*** _____*min* ☐*hrs* ☐*per* ☐*day* ☐*week* ☐*month*

_____ _____
Parent/Guardian Signature Date Principal or Administrative Representative Signature Date

ALL IEP DOCUMENT DATES should be within 30 SCHOOL days from the date of District Administrator signature on this form.