

<p style="text-align: center;">MANCHESTER PUBLIC SCHOOLS REVOCATION OF CONSENT FOR SPECIAL EDUCATION PLACEMENT</p>
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To: _____
Administrator/Supervisor Manchester Public School

I hereby revoke my consent for the placement of my child in the proposed Special Education program for identification purposes:

Student Name Date of Birth

I have discussed this revocation with the Manchester Public School staff and I fully understand that as a result of this revocation, my child will be held to the same academic and behavioral standards as a student that does not qualify for Special Education services under the guidelines of IDEA.

_____ Signature of Parent, Guardian, or Student of Legal Age	_____ Date
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_____ Manchester Public Schools Representative	_____ Date Received
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