

NOTICE OF ENROLLMENT IN SPECIAL EDUCATION (FILL OUT **ENTIRE FORM**)

STUDENT ACTIVATION FOR REED PROCESS (FILL IN **TOP BOX ONLY**)

****YOU MUST SUBMIT A SIGNED COPY OF THE ELECTRONIC REED TO THE COP OFFICE UPON COMPLETION OF THIS FORM****

UIC: (Required) _____ Date: _____
Student (PRINT) _____ District of Residence _____ County _____
Case Manager _____ District/Building _____
Birthdate _____ Grade _____ Student's Address _____
Gender M F Ethnic Group _____ City/State/Zip _____
Parent Name (PRINT) _____ Parent Telephone _____

Student Residency Information (Check if Applicable) School of Choice Home School Section 53
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.

**PLEASE CHECK ON OPTION BELOW - *NOTE: OPTIONS 1 OR 2 REQUIRE
COP ANCILLARY STAFF / SPECIAL EDUCATION TEACHER / ADMINISTRATOR COLLABORATION**

- 1) **Student Enrolls from Within a COP District** (i.e. Cheboygan to Inland Lakes)
District Student is FROM: _____
The receiving district has obtained a copy of the last IEP and **ALL** Programs/Services to be implemented.
 YES, the IEP will be implemented exactly as written.
 NO, a TRANSFER IEP will be held by (date) _____ within 30 SCHOOL days.
****** Initials of Administrator OR Representative to approve implementation** _____
- 2) **Student Enrolls from District using EasyIEP** **District Student is FROM:** _____
The receiving district has obtained a copy of the last IEP and **ALL** Programs/Services to be implemented.
 YES, the IEP will be implemented exactly as written.
 NO, a TRANSFER IEP will be held by (date) _____ within 30 SCHOOL days.
****** Initials of Administrator OR Representative to approve implementation** _____
- 3) **Student Enrolls from District within Michigan** (Not and EASYIEP Student)
A transfer IEP will be held by (date) _____ within 30 SCHOOL days.
- 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 (date) _____ within 30 SCHOOL days from date of District Administrator signature.

Disability _____ Hours per week placed in Special Education classroom _____

Programs/Services _____ Special Education Teacher _____

COMPLETE HOURS FOR ALL SERVICES THAT APPLY

Number of hours per week per ancillary service(s):
(Appropriate ancillary staff **MUST** initial here)

SLI	_____	OT	_____	PT	_____
	_____		_____		_____

Number of hours per week per ancillary service(s):
(Appropriate ancillary staff **MUST** initial here)

SSW	_____	TC/VI	_____	TC/HI	_____
	_____		_____		_____

Parent/Guardian Signature

Date

Principal or Administrative Representative Signature

Date

****** INITIAL (1) OR (2) ABOVE IF CHECKED ******