

ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD

151 Dairy Avenue, Napanee, Ontario K7R 4B2

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The information gathered on this form is pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to prepare assessment records; maintain records for all students. Users: Student Services Staff, Principal of student, all teachers responsible for the student's program and designated staff for clerical functions.

WAIVER OF IPRC REVIEW

CURRENT STATUS:

SCHOOL: _____ SCHOOL NUMBER #: _____

STUDENT: _____ DATE OF BIRTH: _____
Year Month Day

IDENTIFICATION: _____

PLACEMENT: _____

SCHOOL PRINCIPAL: _____

Please identify your preference by selecting one of the two options below:

<input type="checkbox"/> I wish to schedule a review meeting to discuss my son's/daughter's identification or placement.
<input type="checkbox"/> I do not wish to schedule a review meeting this year. I am satisfied that the identification and placement is suitable and give consent for it to continue for one (1) year.
PARENT / GUARDIAN SIGNATURE: _____ STUDENT SIGNATURE: _____ <small>(if 16 years of age or older)</small> DATE: _____

WHITE: Board

YELLOW: Parent/Guardian

PINK: OSR