

ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD

151 Dairy Avenue, Napanee, Ontario K7R 4B2

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1-800-581-1116

Fax: (613) 354-9850

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.

Dear _____,

This letter is to inform you that your child, _____ who is registered at _____ School is being referred to the Special Education Identification, Placement and Review Committee to consider your child's educational needs.

We recommend your attendance at the meeting to confer with the committee. The meeting will be held at:

Location: _____

Time: _____

Date: _____

Date sent to Parent / Guardian

Signature of Principal

You are asked to complete the bottom portion of this form and return the yellow copy to the school

by: _____
Date

It is my intention to attend the meeting concerning my child.

Pupil's Name: _____ YES NO

Date: _____
Signature of Parent / Guardian

WHITE: Board

YELLOW: Return to School

PINK: Master School