

Kern County Consortium SELPA Inter-SELPA Permit Request Form

Student Name: _____

DOB: _____

Grade: _____

District of Residence: _____

Address: _____

Phone number: _____

Educational Rights Holder: _____

Disability: _____

Program/School Requested: _____

Indicate reason for request (include unique student needs/rationale):

Attach most recent IEP, Psycho-educational Assessment report, and any other pertinent information to be considered:

Signature of Requestor: _____

Date of Request: _____