

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
Exceptional Student Education
40 East Texar Drive, Pensacola, FL 32503
Phone: (850) 469-5518

**PARENT REFUSAL FOR ESE SERVICES
FOR PRIVATE SCHOOL STUDENTS**

Student: _____ Date of Birth: _____

Parent / Guardian: _____

County Number: _____ FSNI: _____

Date: _____

I understand my child is eligible for Exceptional Student Education services in the following program(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I have decided NOT to place my child in public school.

I have discussed the offer of ESE services for my child and have decided that I will **REJECT** all ESE services. I understand my decision can be changed at any time and that I may contact the ESE Department regarding services at 469-5518.

I have received and understand procedural safeguards.

Parent/Guardian Signature

Date

You have specific rights and protections concerning this proposal, which are described in the **attachment, "Procedural Safeguards."** Please contact _____ at _____ and/or _____ at _____ if you need additional copies of the procedural safeguards or assistance in understanding your rights and protections.