



Program Choice Notification – Out of County Families Only

PA 196 provides for parent choice to enroll in a GSRP in a non-resident ISD. It states: “An intermediate district or consortium of intermediate districts receiving a grant under this section shall allow parents of eligible children who are residents of the intermediate district or within the consortium to choose a program operated by or contracted with another intermediate district or consortium of intermediate districts and shall pay to the educating intermediate district or consortium the per-child amount attributable to each child enrolled pursuant to this sentence, as determined under Section 39.”

Sub-recipients can prioritize applicants, enrolling qualifying children according to the *Eligibility and Prioritization Flow Chart* who reside in the sub recipient county first. Out of county applicants would then be wait listed until the fall to ensure that the local community has enrolled their neediest of children.

Our goal is to prevent competition among ISDs and ensure that local family’s needs are being met in the community in which they reside. If the family moves after the child has enrolled, the program may continue to serve the child for the remainder of the program year, with the family providing transportation.

Child’s Name: _____ Parent/Guardian Name: _____

Child’s Birth Date: _____ School District of Home Residence: _____

Address: _____ City & Zip: _____

Check all reasons that you are applying for an out of ISD service area placement in GSRP:

_____ Local GSRP at Capacity _____ No local GSRP Available _____ Parent Choice

I understand my child is eligible for _____
(Name of Resident Preschool Program)

The program that best meets the needs of our family is _____ Full day _____ Part day _____
(Name of Preschool Program of Choice)

Due to the following reasons:

Director/Enrollment Coordinator Signature Agency/Site of Program Date

I understand my resident ISD service area is responsible for special education services such as speech therapy, occupational therapy, physical therapy or other services should my child be determined eligible for special education. –Federal Register, Vol. 71, Monday August 14, 2006, page 46593

I understand that by choosing a program outside my resident ISD service area, my child, if needed, may or may not be able to receive special education services such as, but not limited to, speech therapy, occupational therapy, physical therapy or other services provided by the intermediate school district in the classroom setting. I agree this information may be shared with the appropriate agencies.

Parent/Guardian Signature Date

Please return this form to Kelly Sheppard (kelly.sheppard@jcisd.org) or fax to 517-787-2026

Action: A representative from the family’s resident GSRP preschool has reviewed the above information.

Resident ISD Representative Signature Date

Educating ISD Representative Signature Date