



Program Choice Notification

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.”

GSRP Programs can prioritize applicants, enrolling qualifying children according to the *Eligibility and Prioritization Flow Chart* who reside in their ISD first. Applicants that reside in other ISD’s would then be wait listed until October 1st to ensure that the local community has enrolled their resident children.

Our goal is to prevent competition among ISDs and ensure that local families 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: _____

Address: _____ City & Zip: _____

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

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

due to the following reasons:

I understand my resident Local Education Agency 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 not** be able to receive special education services.

Parent/Guardian Signature _____ Date _____

Signature of Educating Program _____ Program Name _____ Date _____

Action: By signing this form the resident ISD is agreeing to transfer a Part Day School Day GSRP slot to the educating ISD.

Educating ISD Signature _____ Date _____

Resident ISD Signature _____ Date _____

Please return this form to cmervyn@inghamisd.org