

***I certify the above information is true.**

Signature of Parent or Guardian Date Signed

***CAUTION: Knowingly providing false information on this form will invalidate the application.**

Central Office Use Only

Date application was received: _____

If the child has an IEP date of consultation with the resident county shall be arranged before approval of the application.

Approved/Denied: _____
Signature of Principal Date Signed

Approved/Denied: _____
Signature of Superintendent Date Signed

Approved/Denied: _____
Gilmer County Board of Education Date of School Board Action

If denied, indicate reason:

- Insufficient classroom space.
- Student under suspension or expulsion.
- Appropriate special education program is not available